



Community REACH
Rapid and Effective Action Combating HIV/AIDS
 Annual Report October 1, 2002 – September 30, 2003
 Agreement No.: GPH-A-00-01-00007-00



~Catherine Phiri~



~In Memoriam~



We first came in contact with Catherine Phiri when her letter sent with the Salima AIDS Support Organization project application caught our attention. It said:

Dear Friends.

In spite of all problems that a CBO faces in a poor country such as Malawi – e.g., no printer with toner in Salima, transport problems to go to the capital with proposal, lack of funding for postage, - we are happy we managed to come this far. Now we hope you will like our proposal and that we will be future partners in the fight against HIV/AIDS in Malawi.

Though her AIDS Support Organization did not win a Community REACH grant, Catherine continued in our minds. As a woman who had been living positively with HIV for more than 10 years, we interviewed her when we were developing our program strategy and then invited her to be a member of our Program Advisory Committee. She accepted, saying it would be an honor.

On May 11, Catherine died at the age of 41, leaving two teenaged children and many, many admirers – us among them. We never met her but we will miss her nonetheless.

Catherine was known to say, “There is so much work to do; I think we should get busy now!” And so we shall in her memory.

“There is so much work to do; I think we should get busy now!”

*~Catherine Phiri
1962-2003*

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~From the Program Director~



The Community REACH team has had a fruitful and challenging second year which started with our responding strategically and creatively to a 50% cut in program funding. During the past twelve months, the program awarded grants focusing on reducing stigma and discrimination, developed a protocol leading to award of unsolicited grants, convened an annual meeting of the Program Advisory Committee (PAC) to validate our program strategy, designed and initiated research on orphans and vulnerable children (OVC) and successfully negotiated the first Community REACH Associate Award with USAID/Brazil.

As of 30 September 2003, Community REACH is funding 29 sub-grants totaling over \$6 million. These grants provided care and support services to more than 20,000 PLWHA and OVC in their first year and reached more than 28,000 people with prevention messages. In just six months, some 1,500 youth received VCT services from Community REACH-supported centers. Additionally, nearly 2,000 service providers received training as a result of our grants. The Community REACH team continued to work closely with grantees, conducting face-to-face management, monitoring and technical assistance activities with staff from twenty grantees and virtual support to all 29 grantees.

In July, Community REACH hosted the first annual meeting of the PAC. Joining our team were representatives from five of our NGO partners, the Global Fund, Family Health International (FHI) and the International Council of AIDS Service Organizations (ICASO.) The PAC reviewed and strengthened our program strategy.

Our program's innovative OVC research will use baseline data to initially compare the quality of life of orphans and that of other children in vulnerable communities, with subsequent analysis of the relative impact of different interventions. Community REACH, together with two of its local partners, plans to present findings in Bangkok next July as well as at the Population Association of America conference.

In August, Pact signed its first Community REACH Associate Award with USAID/Brazil. This three-year \$10 million program will support grants to local NGOs to expand successful behavior change interventions leading to risk reduction in high prevalence populations. Community REACH is working with USAID/South Africa on a second associate award expected to start in early 2004. The team is actively seeking opportunities in other countries.

I would like to extend special thanks from our team to some special people who have contributed to our successes. These are our CTO, Ron MacInnis, for taking us on and becoming a true champion of our program; to Beth St. Clair who made our transition between CTOs smooth; to Linda Sussman for her ongoing collaboration with Community REACH; and last but not least, Joe Amon, for his calming influence which we miss now that he has left us to work at CDC. Thanks also to **ALL** of the indefatigable Community REACH team.

~Polly Mott~

Section I: Introduction



Background

The Community REACH (Rapid and Effective Action Combating HIV/AIDS) Leader with Associates (LWA) award is a global USAID program funded through the Global Bureau for Health's Office of HIV/AIDS managed by the international non-governmental organization Pact, with Futures Group providing monitoring and evaluation. It is designed to rapidly award grant funds to organizations playing valuable roles in the struggle against HIV/AIDS. The program promotes both scaling-up of successful programs and start-up of new programs with potential for demonstrable impact on the pandemic. This dynamic USAID funding mechanism quickly makes funds available to non-governmental organizations (NGOs) for HIV/AIDS grants that reach individuals, families, and communities most vulnerable to HIV infection and HIV-related consequences with the services they need most. Areas of intervention encompass the entire HIV/AIDS prevention-to-care continuum.

Community REACH's shared values include community participation, active stakeholder and target audience involvement, building capacity at the grassroots level, strengthening community-based networks and adding to the body of knowledge on effective responses to HIV/AIDS through continuous learning and ensuring a results oriented focus of its grants program.

In addition, through the Associate Award Mechanism USAID missions and bureaus have the opportunity to develop country- or region-specific NGO grant programs. These programs have their own CTO and separate financial and program reporting. Interested missions or bureaus and the Community REACH team work together to develop the programs and define the grant details. In August, the Community REACH team and USAID/Brazil mission began implementing a three-year HIV/AIDS grants program. Concept papers have been sent to the USAID missions in South Africa and Ethiopia for similar NGO grants programs.

"The turn of the millennium has provided us with an occasion for profound reflection about the type of world we want to live in, and the kind of legacy we want to leave for future generations. There is no more important issue for us to consider than AIDS. Will we burden our children and our children's children with a global HIV/AIDS pandemic? Or can we take decisive action now to turn back the progress of this disease?"

*~Kofi Annan
Secretary-General of the
United Nations*



***Key Accomplishments
October 2002 through September 2003***

- ✓ Community REACH grantees provided care and support services to more than 20,000 OVC and PLWHA.
- ✓ Community REACH grantees reached more than 28,000 people with prevention messages.
- ✓ Community REACH-supported centers provided 1,500 youth with VCT services.
- ✓ Reached 23 new NGO partners previously not receiving USAID funding.
- ✓ Increased local participation from 40% of applications from local NGOs in round one to 65% in round three.
- ✓ Increased percentage of grant funds to local NGOs from 50% to 80%.
- ✓ Decreased time from final selection to grant award from ten weeks to six weeks.
- ✓ Negotiated and awarded four unsolicited grants, three of these grants to new USAID partners.

“Stigma and discrimination remain key barriers to accessing HIV/AIDS prevention, care, and support services. The innovative community-based programs that were awarded funding will reduce the stigma and discrimination felt by HIV infected and affected individuals, allowing them to access these much-needed services”.

***~Dr. Anne Peterson,
USAID Assistant
Administrator Bureau
for Global Health***

Section II. Performance Review



- ❖ **Activity 1: RFA Solicitations, Review, Selection and Award**
- ❖ **Activity 2: Unsolicited Applications and Leader Add-on Funding**
- ❖ **Activity 3: Program and Grants Management and Training Projects**
- ❖ **Activity 4: Monitoring, Evaluation, Learning Agenda and Leader Buy-in OVC Research**
- ❖ **Activity 5: Community REACH Strategy Development and Communications Update**

“Programs such as Community REACH are unique and effective in that they target a specific problem. Their effectiveness and ownership is increased by the fact that they are carried out at the community level using the local people in the same community.”

*~ FPAK – Family Planning Association of Kenya, Kenya
(Community REACH Grantee)*

Summary of Activities during the Reporting Period October 2002 – September 2003

I. RFA Solicitations, Review, Selection and Award	<ul style="list-style-type: none"> • Competed RFA on “Reducing Stigma and Discrimination through Innovative and Proven Effective Approaches.” • Selected 7 NGOs in 7 countries for the Stigma and Discrimination RFA. • Awarded grants within six weeks of selection. • Developed RFA on “Prevention Interventions Reaching Younger Adolescents in High Risk and Exploitative Settings” for future release. • Developed “Improving Support to Orphans and Vulnerable Children through Focused Study” RFA to be issued in FY04.
II. Unsolicited Applications and Leader Add-on Funding	<ul style="list-style-type: none"> • Conferred with USAID Missions on funding additional grants and applications from the stigma and discrimination solicitation resulting in the award of three additional grants. • Partnered with representatives of the GH/POP Bureau on funding two grants through the Flexible Fund. • Negotiated/awarded grant for DCOF to International Rescue Committee for work with street children in the Republic of Congo, Brazzaville.
III. Program and Grants Management and Training Projects	<ul style="list-style-type: none"> • Provided virtual technical assistance on grantee work plans and quarterly narrative reporting. • Graduated majority of grantees from quarterly to semi-annual performance reporting. • Developed USAID indicator forms for grantees to match SYNERGY Database reporting requirements. • Conducted start-up meetings with five grantees. • Conducted start-up and monitoring visits to ten grantees. • Conducted organizational capacity assessments and provided technical assistance and training for two grantees. • Completed financial system assessment for four grantees. • Held multi-sectoral toolkit training workshops for NGOs and government leaders in four African countries. • Developed and distributed Multi-sectoral Tool-kit CD-ROM.
IV. Monitoring, Evaluation, Learning Agenda and Leader buy-in OVC Research	<ul style="list-style-type: none"> • Reviewed 20 grantee annual workplans and 43 grantee quarterly reports. • Conducted technical assistance site visit with three local NGOs • Prepared learning agenda synthesis on policy and operational barriers and participation of target populations. • Conducted OVC pre-research assessment site visit with CARE-Rwanda, PCI-Zambia and ICROSS-Kenya. • Finalized OVC research protocol and started baseline data collection. • Collaborated with POLICY and YouthNet projects on VCT research with FOSREF-Haiti.
V. Community REACH Strategy Development and Communications Update	<ul style="list-style-type: none"> • Finalized and distributed program strategy document. • Held first annual Program Advisory Committee meeting in July 2003. • Enhanced website to include information on Community REACH grantees, including grantee stories, FAQs and step-by-step instructions for USAID Missions on the Associate Award process. • Developed two-page summary program descriptions to disseminate program information. • Facilitated State Department and Global Health Council interviews with five grantees resulting in Washington File and AIDSLink articles.

Section II - Activity 1: RFA Solicitations, Review, Selection and Award



Community REACH Activities FY03

During this year, Community REACH competitively selected seven additional grantees; four international NGOs and three local NGOs. The four international NGOs have local NGOs as partners and are currently reaching at least 21 additional local NGOs.

Stigma and Discrimination Grant Solicitation

The Community REACH program released an RFA in January for interventions that reduce stigma and discrimination through innovative and effective approaches. A major component of the RFA was the requirement that applicants demonstrate the use of the Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) principles. For this RFA, international NGOs were required to have local sub-grantee partners and provide capacity building to those partners. Preference was given to NGOs that dedicated at least 60% of the budget to local sub-grantee partners.

The seven grant winners are all organizations that have the potential to reach many thousands of People Living with HIV/AIDS (PLWHAs). Moreover, these organizations work with traditional leaders, caregivers, health care providers, and families affected by HIV/AIDS to overcome stigma and discrimination at the community level. Each selected winner also embodies the principles of GIPA in its program design.



Cracks in the walls of stigma, surrounding HIV/AIDS, are being made through awareness raising workshops of traditional Buddhist leaders, Sampov Meas Province, Cambodia - such as these. [(Photo courtesy of ADRA Cambodia working in partnership with Rural Association for the Development of the Economy (RADE) and Cambodia Organization for Human Rights and Development (COHRD)].

Application statistics for the stigma and discrimination reduction RFA:

- ❖ *Applications received from 20 rapid scale-up and intensive focus countries (three countries declined to participate).*
- ❖ *102 applications received, requesting a total of \$10 million dollars.*
- ❖ *Applications received by region:*

<i>Africa</i>	<i>72</i>
<i>Asia/Near East</i>	<i>16</i>
<i>Europe/Eurasia</i>	<i>9</i>
<i>Latin America and Caribbean</i>	<i>5</i>
- ❖ *65% of applications were from local NGOs.*
- ❖ *19 applicants were selected to be finalists; 8 finalists were local NGOs (42%)*



Stigma and Discrimination Learning Agenda

In addition to selecting the grant winners, Community REACH developed a learning agenda for the stigma and discrimination grants around its three cross cutting themes. The stigma and discrimination learning agenda includes key questions under each thematic area:

1. Referrals/Linkages:

- Which strategies have been successful in increasing the utilization of services meant to reduce PLWHAs and their families' exposure to stigma and/or discrimination? Which strategies have been successful in improving the supply of services for PLWHAs and their families?

2. Participation (PLWHAs and Community):

- Which aspects of GIPA are the most challenging to achieve? Which aspects of GIPA are easier to achieve?
- How have capacity building and training efforts for PLWHAs improved GIPA? How have capacity building and training efforts for PLWHAs reduced stigma and/or discrimination?
- What is the biggest challenge to changing stigmatizing attitudes and discriminatory behaviors?

3. Policy and Operational Barriers:

- Which existing local policies have a positive or negative impact on stigma and/or discrimination in your community?

*“Programs like
Community REACH
will definitely
empower community
based and other local
institutions.
Implemented well, it
will bring about
community-initiated
solutions to their
problems.”*

*~ADRA, Cambodia
(Community REACH Grantee)*



RFA Development

Prevention

During this fiscal year, the Community REACH team developed a second RFA on "Prevention Interventions Reaching Younger Adolescents in High Risk and Exploitative Settings." The RFA planned to fund organizations to build upon existing successful programs to ensure the effective delivery of HIV/AIDS prevention interventions to vulnerable adolescents ages 10-14. Applications proposing to extend or expand existing activities to reach at-risk 10-14 year olds were particularly encouraged:

1. HIV/AIDS programs targeting youth generally
2. Non-HIV/AIDS programs targeting adolescents in high risk/exploitative settings
3. HIV/AIDS programs targeting adults in high risk/exploitative settings

The RFA was finalized but its release delayed due to a shortfall in funds for grants. Community REACH expects to include this focus for applications in FY04.

Orphans and Vulnerable Children

The Community REACH team (with \$650K in buy-in funding) developed a third RFA on "Improving Support to Orphans and Vulnerable Children through Focused Study" to be issued in FY04. Under this RFA, Community REACH anticipates awarding on a competitive basis, between three and five grants totaling approximately \$400,000 to eligible local organizations for indigenous implementation of studies on existing programs supporting orphans and vulnerable children and capacity building for local research institutions. The information from these studies will be used to design orphans and vulnerable childrens' programs and make existing orphans and vulnerable childrens' programs more effective.

"The association of orphans is of big help for me. I know other children who would also need to join such a project. There are many children who are traumatized, and live in the same difficult circumstances as I."

*~Seraphine, Young Woman
benefitting from CARE*

Rwanda project

(Community REACH Grantee)



Community REACH RFA Process Improvements

- **Using a two-tiered process (Executive Summary/Finalist):** The executive summary application process has resulted in an increase in the number of local NGOs applying for Community REACH funding and has increased the number of compliant applications. The number of local NGOs applying for Community REACH grants has increased from 39 in the first RFA to 67 in the third RFA. Non-compliant applications have decreased from 30% to 13% using the executive summary application process.
- **Role of USAID Missions:** The Mission Response Forms have proven to be an efficient and effective method for including Mission feedback in the review process. Mission staff review executive summary applications for finalist applicants and fill-out a standardized form that includes information on how the proposed project fits into the overall Mission's HIV/AIDS strategy.
- **Pre-award documents:** Getting pre-award assessment documents and certifications and representations during the finalist stage of the review process helped to speed up the award process.
- **Collaborating with technical review panel members to develop learning agenda:** The technical reviewers are an excellent source to help develop the learning agenda for each solicitation round. Capturing the committee members' ideas on the learning agenda at the final selection meetings helped enhance and rapidly develop the stigma and discrimination learning agenda questions.

“These programs really make a difference in the lives of many people. In addition, the cost of these programs, quite low by USAID standards, makes them easily replicable and scaleable. The potential benefit/cost ratio is extremely favorable.”

*~ American Red Cross,
Honduras
(Community REACH Grantee)*

Section II - Activity 2: Unsolicited Applications and Leader Add-on Funding



Unsolicited Applications

During this fiscal year, the Community REACH team in coordination with the Office of HIV/AIDS, negotiated and awarded unsolicited grants to the Historically Black Colleges and Universities/Minority Institutions consortium (HBCU/MI), International Community of Women with HIV/AIDS (ICW) and National Association of People Living With AIDS (NAPWA). A fourth unsolicited grant is being negotiated with a USAID/Haiti Mission identified grantee, Foundation Esther Boucicault Stanislas (FEBS).

HBCU/MI Consortium for National and International Programs

At the request of the Office of HIV/AIDS, the Community REACH team is working with the HBCU/MI consortium, for national and international programs, to put together a capability statement of the organization's HIV/AIDS capacity. Additionally, a fact finding trip to Namibia has been funded to find potential partner institutions for a HIV/AIDS twinning program.

International Community of Women Living with HIV/AIDS (ICW)

Community REACH awarded a grant to the International Community of Women Living with HIV/AIDS (ICW) titled "Developing the ICW Community and Increasing the Voice of HIV Positive Women Worldwide". This grant will enable ICW to improve and increase its outreach to women worldwide. Activities include the expansion of the ICW website to facilitate the dissemination of up-to-the-minute information and allow for member chat rooms and discussion fora. Finally, ICW will publish and disseminate two newsletters containing the latest news and technical developments in HIV/AIDS.

National Association of People Living with AIDS (NAPWA)

Community REACH is working with the National Association of People Living with HIV/AIDS (NAPWA) to strengthen PLWHA networks in Africa. NAPWA staff will work with NAP+ board members and other key regional stakeholders in a strategic planning process to determine needs and priorities of PLWHA networks in Africa.

"I would like to bring my complete support to the REACH programs. These programs are filling key gaps in ongoing projects, and they are fulfilling missed opportunities in ongoing projects. They bring key, specific answers to unmet needs. They are a model to be replicated."

*~Fritz Moise, Executive Director FOSREF, Haiti
(Community REACH Grantee)*

Foundation Esther Boucicault Stanislas (FEBS) – Haiti

The USAID Mission in Haiti has identified this local NGO to receive Community REACH grant funding. FEBS will provide prevention education, advocacy for rights PLWHAs, referrals for care and education of health care providers.

Leader Add-on Grants

Flexible Fund

In this fiscal year, Community REACH received \$400,000 from the USAID GH/PRH/SDI to work with CEDPA/COCIN in Nigeria and Society for Women Against AIDS (SWAA) in Senegal in order to specifically integrate family planning into their already successful HIV/AIDS program.

International Rescue Committee

Community REACH is working with the Displaced Children and Orphans Fund (DCOF) on a grant to the International Rescue Committee (IRC) for work with street children and HIV/AIDS in the Republic of Congo-Brazzaville. A two-year grant was awarded to improve the protection and psycho-social well-being of 500 street youth and to successfully reunify 60 center-visiting street children with immediate or extended family members. The program is also building the capacity of local NGOs to successfully reintegrate street children within their families and/or communities and prevent children entering the streets as well as increasing HIV/AIDS awareness among the target population. Some results to date:

- An average of 94 children visited IRC's two centers on a daily basis and benefited from basic support services
- From July to September, 85 new children have been registered and an average of 13 children per month were in preparation for reunification
- IRC has reunified 49 children with their families (average of 17 per month)
- After a 6-month follow-up, 26 of 34 previously reunified children have been successfully reunified and reintegrated (70% of success)



Children are children at IRC's Congo-Brazzaville program.

Eric is a 12-year-old boy who has regularly attended IRC's Pointe-Noire center since May 2003. On July 3, after taking Valium, he fell asleep on the train tracks and a train ran over his leg. Unfortunately, this leg had to be amputated.

The hospital provided free emergency care, as well as blood transfusion services. IRC covered the remaining hospital costs and supported him during the month spent in the hospital.

After being released from the hospital, Eric was reunified to his family in Kinshasa. IRC continues to make follow-up visits to Eric.



Staff serve the mid-day meal. (Photos courtesy of IRC-Congo-Brazzaville, Community REACH Grantee).



USAID Mission Identified Grantees from Stigma and Discrimination RFA

The Community REACH team conferred with USAID Missions in Cambodia and Zambia on funding applications from the stigma and discrimination solicitation. This collaboration resulted in grants to CARE Cambodia and Kara Counseling and Training Trust in Zambia with the USAID/Zambia Mission providing partial funding for the latter.

CARE Cambodia

The purpose of the CARE Cambodia program is to increase level of involvement of religious figures in stigma and discrimination work, and community mobilization by training and mobilizing 200 religious leaders in CARE's five project areas. CARE Cambodia also plans to facilitate the involvement of over 200 people living with HIV/AIDS (PLWHA) in provincial government AIDS program coordinating committees, VCT services, self-help groups, community outreach and PLWHA advocacy.

Kara Counseling and Training Trust - Zambia

The purpose of this program is to raise awareness and create the safe spaces needed to allow communities to begin the process of creating a social movement to reduce the impact of HIV and TB-related stigma. Kara Counseling and Training Trust is using ICRW's *Understanding and Challenging HIV/AIDS Stigma: A Toolkit for Action* in a series of workshops with key community players. Kara also is facilitating and supporting community initiatives that develop anti-stigma activities and address knowledge gaps, in order to reduce fears around HIV/AIDS.

“When my husband died of AIDS . . . life was not going to be the same. I was given one month to leave the clan land. No landlord would accept me as a tenant.”

~Instance of stigma and discrimination reported to GOAL Project, Uganda (Community REACH Grantee).

Section II - Activity 3: Program and Grant Management and Training Projects



As part of Pact's grant monitoring and management process, from the beginning of the selection to award Pact provides grant management technical assistance to all grantees. On a regular basis, the Community REACH team provides guidance on all aspects of grant administration from budget development to program implementation, USAID rules and regulations, cost-sharing, progress and financial reporting, work plan development, indicator/output reporting and success story production. As part of the pre-award audit, the team identifies key program, administration and financial elements within an organization that may need to be strengthened during project implementation to ensure success and advises the grantee on the elements that need improving. This is monitored during the life of the grant under the Community REACH-funded program.

During the last year, the Community REACH team conducted visits to all local sub-grantees for project start-up and monitoring. Additional monitoring and technical assistance site visits were made to GOAL Uganda, CARE Uganda, HAI in Mozambique, FOSREF in Haiti, the Salvation Army in Malawi and HAPCSO in Ethiopia. Pact Country Office staff in Kenya and Ethiopia also assessed organizational capacity and provided technical assistance to strengthen two local grantee organizations. In Washington DC, the Community REACH team conducted grantee start-up and project monitoring meetings with Project Hope in Honduras, Siberia AIDS-Aid in Russia, Medical Care Development International in South Africa, CARE Rwanda, ADRA Cambodia, and ARC Honduras. A pre-award assessment visit for FOSREF was conducted in Haiti prior to the grant award.

The Community REACH team alerts all grantees, on a regular basis, of pertinent information to assist them in their program implementation and fund-raising. Information on conferences and opportunities for funding is forwarded to the grantees almost weekly.

Community REACH Grantee Results

After two years of activity, the Community REACH program is funding 29 organizations with 34 local NGO sub-grant partners for a total of \$6 million dollars. These NGOs are implementing projects in 75 communities in nineteen countries in Africa, Asia, Eurasia, Latin America and the Caribbean. Of the 63 NGOs, 23 are new partners to USAID.

*"I lost my mother . . .
when I was only 15
years old . . . I had no
skills at the time and
there wasn't much I
could do for [her].
When I take care of
my clients, I feel as if
I am taking care of
my mom."*

*~Bertukan, home-based care
provider, HAPCSO Ethiopia
(Community REACH Grantee)*



Community REACH grantees have provided care and support services to more than 20,000 orphans and vulnerable children and PLWHA and reached more than 28,000 people with prevention messages. Grantees have also established nine youth-focused VCT sites with many more in the planning stages. In just six months some 1,500 youth received VCT services from Community-REACH supported centers.

For a more detailed description of grantee programs see **Appendix A**.

Training Activities

Tool Kit Training for Community-led Multi-sectoral Response to HIV/AIDS

With funding from the USAID Democracy and Governance (D&G) Sustainable Development Office in the Africa Bureau, Community REACH supported workshops in Tanzania, Ethiopia, Kenya and Zambia on multi-sectoral responses to the HIV/AIDS epidemic. The workshops were attended by over 100 participants including representatives of PLWHA networks, international NGOs, local NGOs, community-based organizations, networks, associations, government, faith-based organizations, private sector and donors. The Pact Multi-sectoral response tool kit has been translated into Kiswahili and French. A CD-ROM with the tools from the tool kit and additional capacity building resources has been developed and distributed to workshop participants.



Participants of Toolkit training in Kenya (Photo courtesy of ICROSS, Community REACH Partner)

“One participant from Tanzania was so inspired by the HIV/AIDS Survival Tool Kit, in particular Tool #10 ‘Economic Empowerment for HIV/AIDS Prevention and Treatment’ that she took the information from the workshop and on her own organized 54 savings groups of single mothers in 16 wards in Dodoma region of Tanzania. The tool adapts Pact’s proven micro-finance model to work with women’s community groups.”

*~Phyllis Craun-Selka,
Toolkit Training Facilitator,
Tanzania*

Section II - Activity 4: Monitoring, Evaluation, Learning Agenda and Leader buy-in OVC Research

Stories from the Field: Who are Our Volunteers?



Grantee M&E plans

During FY03, the Community REACH team reviewed and provided feedback on 20 annual workplans and 43 reports from grantees. The workplan review ensures that grantees are stating project goals and objectives correctly, and that they are proposing indicators that will capture the progress towards achieving these goals and objectives. We also ask grantees to address how their particular project will contribute to the learning agenda defined by Community REACH for each RFA. The report review ensures that grantees are reporting on their planned activities correctly, asks for clarification when necessary, and again reviews projects' contributions to the Community REACH learning agenda.

Grantee progress in workplan preparation and reporting has been somewhat uneven. Local NGO grantees generally find preparing workplans and quarterly reporting more difficult than international NGO grantees. We have also noticed that staffing changes on the grantee side have tended to slow progress in improvement of M&E reporting.

The care and support grantees have generally improved their capacity to report M&E data in their second year of receiving feedback, and Adolescent VCT grantees have done a good job throughout, largely due to changes in workplan instructions. Community REACH has learned a great deal from communication with the grantees on how to better articulate reporting needs, and why it is important. The team has revised grantee reporting guidelines accordingly to further clarify and simplify what information is needed from grantees.

Technical Assistance in Monitoring and Evaluation to Grantees

An excellent illustration of the two-directional communication and technical assistance process is Community REACH's technical assistance to HAPCSO, a local NGO and care and support grantee in Ethiopia. The technical assistance trip resulted in important benefits, some unexpected, to both the Community REACH team and HAPCSO.

Community REACH worked with HAPCSO to help them understand their sub-agreement and USAID reporting requirements, explaining how the information that HAPCSO reports would be used, and why it was important to

On August 20, 2003 we (HAPCSO, Ethiopia) were expecting a visitor from USAID, who wanted to see how we are providing home-based care services to the bed-ridden patients in our program. Our guest arrived at the office at about 9:45 am, I introduced her to the staff members and we then went out for the field visit.

In the first of the three homes we visited we met Bertukan, a young volunteer home-based caregiver.

She was tending to one of her clients, dressed in a white gown and wearing gloves. We interrupted her from her work as the visitor had questions for her. Here is a snippet of their conversation:

USAID Visitor: "How long have you been working as a volunteer caregiver? Bertukan: "Almost two years."

USAID Visitor: "Two years is a long time for doing voluntary work, what keeps you moving?"

Bertukan: "I lost my mother four years back when I was only 15 years old. Being the eldest, I was supposed to take care of her whenever she was sick.

She couldn't even get out of bed. I had no skills at the time and there wasn't much I could do for my suffering mother. I feel bad that she has left this world without me providing her with the care she needed.

I decided to be a volunteer caregiver just to make up for it. When I take care of my clients, I feel as if I am taking care of my mom and that gives me the power to keep on providing the service to those in need."

Moved by what she heard, all our visitor, could say was "Your mother is smiling from Heaven and is very proud of you."



Community REACH and USAID. Community REACH also reminded HAPCSO that its increased capacity in monitoring and evaluation would be a great asset in attracting future funding.

In turn, HAPCSO provided feedback to revise the Community REACH workplan and quarterly report guidelines in a manner that would make the instructions clearer to other grantees. Further, Community REACH gained greater appreciation of the difficulties the grantees have with results reporting. These lessons learned are being used to further refine the program's reporting guidelines.

In summary, both the virtual reporting and technical assistance visits help local NGOs improve their capacity in this important area. After these grantees "graduate" from Community REACH, their improved capacity in monitoring and evaluation as well as other areas helps prepare them to mature as an organization and attract additional funding.

Learning Agenda

A unique aspect of the Community REACH program is its ability to target areas that have received inadequate attention in the HIV/AIDS epidemic by funding organizations that provide services and support to underserved populations. As a result, the project is able to document grantee experiences in these areas that may have otherwise gone unnoticed. The learning agenda provides a forum for synthesizing and disseminating these important lessons. To provide a more focused analysis of emerging themes specific to a certain issue, the following summary intends to spotlight an issue that is cross-cutting and appropriate to the grantees' stage of implementation.

Spotlight on Greater Involvement of Target Populations

The following discussion examines the involvement of target populations in grantee programs: care and support, adolescent VCT, and stigma and discrimination.

"Post-test clubs create avenues for clients to share deepest thoughts, personal fears and status acceptance issues. They give the members an opportunity to develop courage towards self disclosure. They also develop a pool of comradeship and purposefulness as members face new challenges together. Issues of risk reduction are revisited time and again during meetings".

*~Lessons Learned from
FPAK Youth VCT
Community REACH
Program*



Care and support grants seek to provide home-based care and referrals for clinical care, assistance for orphans and vulnerable children, legal and psychosocial support as well as socioeconomic support through community-based activities.

Benefits to care and support programs from involving PLWHA

Grantees reported that involving PLWHA in the design, implementation and evaluation of service delivery interventions benefits programs in a number of ways. In Rwanda, CARE has found that using PLWHA to help design the program highlighted the need to strengthen the referral system. CARE found that PLWHA are also the best channels to provide information on HIV/AIDS given their credibility and their inspiring calls to action. In Zambia, Project Concern International worked with a PLWHA support group to conduct community sensitization campaigns aimed at destigmatizing HIV/AIDS. ICROSS-Kenya found that training of PLWHAs as Community Health Volunteers increased the opportunities to reach more PLWHA with services since the HIV positive volunteers could use their social networks to identify additional clients.

Benefits to PLWHA themselves from involvement in programs

Involvement of PLWHA in these programs has great potential to produce benefits to the PLWHA themselves according to grantee reports. In India, Sharan reported that the self-perception of many people in their PLWHA support groups is changing from one of drug user to caregiver. PLWHAs in the Sharan program have been empowered to take actions for the welfare of others in their support group. Sharan noted that with the onset of summer, people started to die of dehydration in the area. PLWHA support group members

“My name is Langson Mkandawire and at 52, I have faced TB, fought it and won, faced HIV/AIDS. I have made a pact with the disease to live in unison with it until God takes us both. I am blessed with a loyal and caring wife... ..and above all she accepts my HIV status even when she does not have HIV herself.”

*~Langson, Volunteer
PCI/Bwafwano, Zambia
(Community REACH Grantee)*



insisted that they have access to Oral Rehydration fluids so that they have a basic response to alleviate this problem. Support group members have also been linked to employment opportunities in the Indian government-funded needle and syringe exchange program. HAPCSO, an indigenous NGO in Ethiopia, noted that the PLWHA currently providing home-based care to other ill PLWHA in the community have derived important benefits from their work. These volunteers have benefited from the training they have received and have become socially active by serving those in need.

Obstacles to involving PLWHA in programs

Despite the benefits of greater PLWHA involvement, grantees are facing obstacles in implementing this approach. For example, in Honduras, Project Hope found that the principal barriers related to working with PLWHA in the community relate to their low level of education, lack of access to work, and stigma and discrimination. HAPCSO in Ethiopia reported that some PLWHA do not want to get involved in providing home-based care because they do not want to see the suffering of others that may come to them. Additionally, HAPCSO commented that some of the PLWHA who are engaged as volunteers become weak and drop out because of illness. HAPCSO has dealt with this problem by assigning two home-based caregivers to each client, so that if one of the caregivers is ill, the other one can still visit the client.

Youth VCT and referral grants seek to provide youth-focused voluntary counseling and testing with an emphasis on the provision of high quality services, linkages to prevention and care services, demand creation, introduction of rapid testing and training of health personnel.



Trudy with her daughter, Sandra, both are HIV positive. (Photo courtesy of ARC Honduras, Community REACH Grantee).

“This project will really make a difference; it will teach youth to protect themselves from HIV and assist those that are diagnosed seropositive to continue on with their lives”.

*~Trudy, Coordinator
ASONPAVSIDAH support
group and Promoter VCT
project, ARC Honduras
(Community REACH Grantee)*



Benefits to programs from youth involvement

Several of Community REACH's adolescent VCT grantees have noted that the greater involvement of youth in the design, implementation, and evaluation of interventions has conferred important benefits to their programs. In Nepal, ADRA reported that involvement of the target population of youth in needs assessment, role playing and sensitization programs increased the awareness of and motivation for utilizing VCT services. Thus it was found that immediately after peer education training, advocacy workshops and teacher trainings, the client flows increased. CARE Uganda found that involving youth at the earliest opportunity of project implementation was very vital. According to CARE, this approach created a common understanding of the key issues affecting adolescents' sexual and reproductive health, and sets the platform for mutual engagement and advocacy in the later part of the project. It is evident that the involvement of the youth in all processes and activities of the project has won their support and participation.

Appropriate roles for youth?

While all programs are using youth as peer educators in their youth VCT projects, the issue of involving youth as counselors appears to be more complicated. CARE Uganda and Health Alliance International in Mozambique reported that youth have been found to prefer other young people as counselors in VCT sites. FOSREF, a local NGO in Haiti, found the issue to be less straight-forward. FOSREF found from focus groups conducted earlier this year that youth in Haiti prefer to have a trained youth for pre-test counseling, but a health provider or psychologist is the ideal person to provide test results and post-test counseling. FPAK in Kenya noted that while youth peer educators are very effective at educating other young people about HIV/AIDS, youth say that they still need the continued support and guidance of adults in carrying out their educational activities for the project.

Obstacles and possible solutions to involving youth in programs: Lack of incentives

The grantees have also faced obstacles in involving youth in their programs. One major challenge is lack of incentives for youth volunteers. For example, FOSREF in Haiti found that



the sustainability of using youth as volunteers for long periods was a very difficult problem. Family Planning Association of Kenya (FPAK) also found this to be a major problem. In Uganda, CARE partners KIHEFO and African Medical and Research Foundation (AMREF), indicate that there are problems of incentive and motivation associated with using peer volunteers. Programs without incentive systems are faced with problems of retention of peer volunteers.

CARE Uganda, FOSREF Haiti, and FPAK Kenya are all trying to address the issue of retention of youth volunteers by providing some type of incentive. However, FPAK found the issue of monetary incentives to be problematic since various Organizations in Kenya pay different amounts for peer educator salaries. Thus, FPAK plans to discontinue creating monetary incentives and focus instead on regular joint meetings between sites, field trips, and providing bicycles. FOSREF is attempting to overcome this challenge by providing incentives for staff youth volunteers, such as privileges for them and their family members for services in Fore's programs, access to Fore's facilities, and providing per diem for some special activities. CARE Uganda plans to address this problem by possibly supporting peer educators with simple income generating activities and giving them bicycles to use for their work.

Obstacles and possible solutions to involving youth in programs: Mobility of youth

CARE Uganda, HAI Mozambique, and FPAK Kenya cited mobility as an obstacle to involvement of youth in programs. Youth move for reasons such as school, pregnancy, and marriage. CARE found that mobility and resulting attrition of youth can make the need for training courses to replace members very expensive. However, HAI Mozambique notes that they encourage peer educators to continue schooling even if that would require moving to another zone. In these cases, HAI Mozambique has provided referrals to new clubhouse sites where these young people can get involved.

"I was very nervous to get tested because I knew I had participated in high risk sexual behavior. Now that I know I do not have SIDA. I have the opportunity to change. This program has taught me why I need to protect myself."

~ Elvis, 17 years old, lives at Casa Alianza, ARC

Honduras

(Community REACH Grantee)

Stigma and discrimination grants seek to combat stigma and discrimination through a variety of approaches that include the GIPA principles.

Putting GIPA principles into practice

Community REACH's stigma and discrimination grantees have recently started their programs. Thus, lessons learned from these grantees are still preliminary.

Some stigma and discrimination grantees have already noted some large obstacles to involving PLWHA and are developing innovative solutions to these challenges. In Cambodia, ADRA reported that many PLWHA with the capacity to contribute the most without large amounts of capacity building are persons coming from educated/wealthier families. However, at the same time it is these PLWHA who try to hide or cover-up their status to protect the family reputation. Therefore, ADRA is concerned that lack of education and unfamiliarity with the concepts of strategic planning, "advocacy", and other skills of those PLWHA who are open about their status will make it more challenging to implement these programs.

ADRA has attempted to find a solution to this problem, however, by considering whether persons coming from educated/wealthier families would need to "broadcast" the fact of their or their friend/relative's health status. Most ADRA staff thought that in general it would be difficult for them personally to be so open about their status if they were HIV positive. On the other hand most thought that general promotion and education by these persons as well as assistance with planning and other activities would not be a problem.

Similarly, GOAL, a local NGO in Uganda, reports that there has often been a failure of PLWHAs to come together and talk as a unified voice. This has been a result of some PLWHAs fearing to disclose their status. Advocacy for GIPA is therefore limited to a few voices. This limits the exertion of pressure for policy development and or change. In GOAL's experience achieving GIPA through individual empowerment has been difficult to attain due to a large majority of the

"When my husband died of AIDS five years ago, life was not going to be the same. My husband's property was taken away from me by the clan. I was given one month to leave the clan land. I had five children to care for. I am an illiterate woman with Primary education. I had to leave my husband's village to go and live in Bugiri town. Rumor had already spread in town that a woman with AIDS had come to town. No landlord/lady would accept me as a tenant. After securing accommodation in the outskirts of the town, I met one person who was openly talking about her HIV+ status. I could not believe my eyes.

One day, I heard about NACWOLA (National Community of Women Living with HIV/AIDS – GOAL Uganda Community REACH sub-grantee). I made inquiries seeking more information about it. I met the District Chairperson; she counseled me. I went for a VCT. I was positive. I was devastated. I knew that my days were now numbered. "Who was going to care for my children" was always the question in my mind for 24 hours a day. This Chairperson counseled and comforted me. I was now able to manage my depression. I joined NACWOLA in 2000.

This year, through the Community REACH program, I was introduced to a training in positive living and coping abilities for PLWHAs. I learnt about basic facts on HIV/AIDS, the dangers of re-infection, depression and how to manage it, family planning, palliative care, nutrition for PLWHAs, hygiene maintenance and other health seeking behavior and promoting practices, stigma and discrimination. (continued)



population having very little education, thereby limiting the involvement of less educated PLWHAs.

GOAL also notes that because of stigma and discrimination at individual, community and institutional level, disclosure of sero-status has been on a limited scale. For the case of young and employed people, disclosure of one's sero-status means reduced chances of employment, promotion or recommendation for further studies. This is based on the negative pretext that one may not live for long hence there being no need to invest in a PLWHA. Because of stigmatization and discrimination, PLWHA participation in decision-making, planning and influencing policy dialogue also becomes limited.

GOAL has started to find methods to deal with these challenges. They have found that disclosure of sero-status has been found easier to achieve if there is proper and intensive counseling and emotional support available. Meaningful participation of PLWHAs has also been identified to be easier to achieve if an environment conducive to respecting the rights of PLWHAs is created. Creation of such an environment involves having a well-informed community, a supportive local leadership and wider community, trusted peer groups and favorable policies in place.

Summary

What have we learned and what are the implications for future programs?

Reports from Community REACH grantees demonstrate that involving PLWHA has enormous potential to increase the effectiveness of HIV/AIDS programs concerned with providing care and support services and reducing stigma and discrimination. Grantee reports illustrate how involvement of PLWHA in programs provides benefits to PLWHA themselves. However, despite the potential benefits to both programs and individuals, those involved in program design and implementation need to carefully consider the potential barriers to effective involvement of PLWHA and how these obstacles will be overcome. The principal barriers to effective PLWHA participation are: 1) low socio-economic and educational status of those PLWHA willing to be involved and 2) pervasive stigma and discrimination. We need to learn more about proven methods of building capacity of

Today, I live by the principles of positive living. I am now able to carry out my domestic and non-domestic activities freely. Today I hold a good position in the NACWOLA district executive committee. I used to weigh 53 kilograms before I started living positively. Today, I weigh 88 kilograms. I rarely fall sick because of the timely way I manage Opportunistic Infections. I am not using ARVs. I cannot afford.

NACWOLA has trained me as a trainer in coping abilities and the management of income generating activities, with support from GOAL. The money I gained as a trainer enabled me to set up a small poultry unit of 60 birds (layers). Today, because of the expansion and success of my income generating activity, all my five children go to school: two in secondary, three in primary. All categories of customers come, including those who used to point fingers at me. People no longer fear me or coming to my home. Today, many men approach me for marriage. This is because I look more healthy and beautiful. However, I say: "I AM HIV POSITIVE, TRY YOUR LUCK ELSEWHERE". But remember to be faithful to the partner you will get, and to always use condoms correctly.



those PLWHA willing to be involved in programs and how to effectively reduce stigma and discrimination from rigorous operations research and impact evaluation studies.

Involvement of youth in provision of VCT services also appears to be critical in the success of such programs. However, the key question here is what are the most appropriate roles for youth to play in the design and implementation of programs? Reports from Community REACH grantees suggest that youth are effective as peer educators, but their involvement in providing counseling is more questionable. Both formative research at the program-level, in the form of qualitative and/or quantitative research, and rigorous evaluative research at a global-level can help better inform the most appropriate and effective roles for youth in delivery of VCT services.

Leader Buy-in Orphans and Vulnerable Children Research

The Community REACH team finalized the protocol for the Orphans and Vulnerable Children research projects in Zambia and Rwanda. Staff visited Zambia and Rwanda to work with PCI Zambia/Bwafwano and CARE Rwanda respectively on finalizing the survey instruments and conducting training of interviewers. Baseline data collection in Zambia was completed. Rwanda had to temporarily suspend data collection due to security concerns related to the recent elections. Thus, in Rwanda, baseline data collection is to be completed in November.

The sample surveyed in Rwanda will include approximately 1,200 children (6-12) and 1,100 adolescents (13-19). In Zambia the sample includes approximately 1,200 children (6-12) and 850 adolescents (13-19). PCI Zambia is currently finishing the data entry and CARE Rwanda has begun initial data entry. This research activity will help expand the knowledge base regarding “what works” in terms of Orphans and Vulnerable Children interventions. Further, PCI Zambia and CARE Rwanda have improved their capacity in monitoring, evaluation, and research.

Analysis of the baseline data from Rwanda and Zambia will shed light on the differences in health, educational, socioeconomic, and psychosocial outcomes for orphaned and vulnerable children versus non-orphaned and vulnerable children. After collection and analysis of the endline data in outcomes among orphaned and vulnerable children.



Paul Chibesa – caring for a family of five at the age of 12

In Zambia, Bwafwano (Community REACH sub-recipient grantee) has many cases like Paul’s. He considers this organization his mother and father. He and his four siblings, including a six-month old brother, were living in a roofless house and living on one meal a day. Through Bwafwano, the children were placed with a caregiver and enrolled in school.



2005, this study will be able to provide information on the effectiveness of different types of interventions in influencing health, educational, socioeconomic, and psychosocial outcomes among orphaned and vulnerable children.

Adolescent VCT research through Interagency Collaboration

Community REACH is collaborating with the POLICY project and YouthNet to conduct research on issues related to Adolescent VCT together with FOSREF/Haiti. USAID Haiti supported two FOSREF staff members to come to Washington, DC to work with the POLICY and YouthNet team to help finalize the research protocol. The POLICY project plans to support these two staff members to come to DC again in October 2003 to work on the survey instruments. Through this collaboration with POLICY and YouthNet, Community REACH is fostering the capacity building of FOSREF staff in the area of research, policy and advocacy. Further, this collaborative research project will contribute to our knowledge regarding the client profile of adolescents using VCT services.

Section II - Activity 5: Community REACH Strategy Development and Communications Update



Program Strategy

As the result of a participatory process, in March 2003 Community REACH developed its program strategy and distributed it to over 80 stakeholders in the U.S. and overseas. The ten-page strategy is a living document that serves as the foundation for the program, defining the vision/mission and guiding principles for the team, identifying the key elements of strategic direction and setting goals for the life of the program. The team and other stakeholders will validate the strategy on a yearly basis, making course adjustments to ensure the program maintains its effectiveness. The full program strategy is in **Appendix B**.

Program Advisory Committee (PAC)

In July 2003, Community REACH convened its first annual Program Advisory Committee (PAC) meeting. The PAC was established to provide technical direction and guidance for overall activities. Currently, the PAC is comprised of key stakeholder representatives including PLWHAs, youth, NGOs and other donors.



Pac Attendees: Pictured from Left to Right,

Top Row: Sarah Newhall (Pact); ARC Rep; Ron MacInnis (USAID); Atieno Akelo (YouthNet/FHI); Arletty Pinel (Global Fund); Richard Burzinski (ICASO); Polly Mott (Pact)
Middle Row: Beatrice Chola (Bwafwano); Sheila Mitchell (FHI); Sr. Tibebe Maco (HAPCSO)
Bottom Row: Helen Cornman (Facilitator); Sujata Rana (Pact); Mita Patel (Pact); Urbanas Ngunga (FPAK); Dr. Fritz Moise (FOSREF); Del Hegarty (ARC)

*“USAID created
Community
REACH to get
resources where
they are urgently
needed – into
local
organizations
and communities
that are playing
valuable roles in
the struggle
against
HIV/AIDS.”*

*~Dr. Paul De Lay,
Former Acting Director
of the Office of
HIV/AIDS, USAID*

The program advisory committee assessed the program strategy and discussed ways to increase impact at the community level. As a result of the PAC meeting, some key guiding principles have been adopted by Community REACH and next steps planned.

- RFAs will now focus on local NGOs as prime applicants rather than just partners to international/US PVOs.
- Community REACH will prepare/disseminate proposal development guidelines to assist local NGOs.
- Several NGO grantees will be invited to join the PAC as members.
- Community REACH will convene a mid-program learning agenda synthesis meeting for its grantees in 2004

Community REACH Communications

Website

This year Community REACH updated its website (www.pactworld.org/reach) in order to increase the ease of use for all potential visitors ranging from USAID Missions, to grant-seekers, the general public and of course our grantees. Website information for USAID Missions has been revised to include step-by-step instructions on how to begin the process of developing an associate award with Pact and information on how to “buy-in” to the leader award. Other additions include updated information on grantee programs along with new pictures of their activities and stories (See grantee stories in **Appendix C**). Old grantee stories, press and features will be archived on the site to make room for continuing updates.

Community REACH has added a section on the Learning Agenda, revised and expanded the Frequently Asked Questions (FAQ) section and separated it by general information, FAQs per RFA and FAQs for Community REACH Grantees. The project is also experimenting with different ways of bringing grantee stories from the field to the forefront via traditional narratives, a slide show and “A Day in the Life” Features.

Furthermore, Community REACH is in the process of creating a grantee workspace that links grantees to HIV/AIDS resource and materials pages on the world-wide web and Pact’s own initiative the Impact Alliance. The Impact Alliance



Community REACH's improved website can be accessed at <http://www.pactworld.org/reach>



is meant to link organizations looking for high quality capacity building services with local organizations or individuals capable of delivering those services, and also to stimulate new standards of innovation, excellence and effectiveness in the capacity building field. Community REACH grantees have an electronic workspace on the Impact Alliance website through which they can access electronic reference materials and their workplans among other resources. They can also engage in discussions with Community REACH, their grantee peers and others in the capacity building field.

Program Materials

In order to increase the exposure of the program, Community REACH also developed marketing materials. The team prepared eight two-pagers that summarize the projects of our grantees, learning agenda, operational barriers to youth VCT and care and support and Community REACH operations research on ORPHANS AND VULNERABLE CHILDREN. To date over 250 hard-copies of the materials have been disseminated and more than 60 copies of the PDF version.

During the July PAC meeting, Community REACH invited media to learn about the work of our grantees visiting from Kenya, Zambia, Ethiopia, Haiti and Honduras. Grantees were interviewed by a Global Health Council correspondent for AIDSLink. A grantee exchange and visit to the Whitman-Walker Clinic was covered by a Washington File Correspondent. Consequently the article that he wrote for the Washington File – official news feed of the State Department – was distributed worldwide. (See copy in **Appendix D**). As part of the outreach campaign the group of grantees met with representatives of Washington DC's Food and Friends as well as briefed staff members on Capitol Hill representing Honorable James Leach a key co-sponsor of the HIV/AIDS legislation.

***“We are really
working at ground
zero . . .”***

***~Sister Tibebe, Founder of
HAPCSO, Ethiopia
(Community REACH grantee)***

Section III: Challenges and Opportunities



- **FY03 Obligation** A dramatic cut in FY 2003 funding (\$2 million in grant funds for FY 2003 compared to \$4 million in FY 2002) led to the cancellation of a second RFA and as a result only seven grants were awarded competitively during the year.
- **Temporal Ceiling** The Community REACH cooperative agreement ending September 2006. Community REACH cannot continue to fund three-year programs and in order to fund a full two-year grant program all remaining grants must be awarded by May 2004.
- **Focus on local NGOs/unsolicited grants and new USAID partners:** The team has identified higher level of need for technical assistance in all areas among these grantees. Community REACH must continue to seek opportunities to make capacity building TA available to those that need it and allocate a higher level of funding for this support. The team will plan and conduct a start-up workshop in early 2004 for the Stigma and Discrimination grantees.
- **Brazil Associate Award:** The USAID mission in Brazil signed two cooperative agreements with Pact to implement a three-year NGO program and an 18-month condom social marketing program. A start-up team is in place to finalize program design and initiate implementation.
- **South Africa Associate Award:** Discussions are being held with Mission staff in South Africa for an associate award implementing a HIV/AIDS grants program in five provinces.
- **Ethiopia Associate Award:** A concept paper was submitted to the USAID Mission staff in Ethiopia for consideration of an associate award.

“Our relationship is interactive. I am very satisfied with the support we have received from the team.”

~SHARAN - Society for Service to the Urban Poor, India (Community REACH Grantee)

Community REACH Grant Funds

LOP total estimated costs: \$35,000,000
 Total obligated through FY03: \$5,661,000
 Requested FY04: \$9,000,000

Pipeline Analysis of Grant Funds

Funds Available	*Funds Obligated	Balance	Grantee Exp
\$5,661,000	\$5,460,944	\$139,056	\$1,029,102

*Includes RFA solicitation, unsolicited proposals funded for ICW, NAPWA, HBCU and funds earmarked for FEBS and OVC RFA

Obligation breakdown per RFA solicitation round:

Care and Support: \$2,036,924
 Youth VCT: \$1,979,819
 Stigma and Discrimination: \$941,512

Earmarked funds per unsolicited proposals:

HBCU \$100,000
 ICW \$30,000
 NAPWA \$133,689

Earmarked funds for FEBS and OVC RFA program implementation:

OVC RFA (4 X \$50,000) \$200,000
 FEBS \$100,000

Other pass thru leader add-on grants thru FY04 not reported above:
 IRC – DCOF \$995,848

Community REACH Administration

LOP projected cost: \$5,000,000
 Total obligated through FY03: \$2,000,000
 Requested for FY04: \$1,052,033

Pipeline Analysis of Administration

Total Admin Avail.	**Exp. FY02	Exp. FY03	Balance
\$2,000,000	\$659,000	\$763,699	\$577,301

**Includes Futures Group M&E and unsolicited grants administration

Projected Administrative funds needed thru June 04 \$212,399.

Appendix A

Community REACH Care and Support Grant Recipients

Region	Africa
<p>CARE</p> <p>Type of Organization: International NGO</p> <p>Country: Rwanda Grant Awarded: \$397,835 Length of project: 3 years</p> <p>Local Partners: Cyeza Parish, PLWA Associations Subgrant Total: \$101,000</p>	<p>CARE -- Rwanda: Funding supports a three-year project to scale-up activities to strengthen the ability of local non-governmental organizations to provide community support and referrals for services for orphans and people living with HIV and AIDS, focusing particularly on referrals for opportunistic infections and palliative care. CARE anticipates reaching approximately 70,000 project participants in Gitarama province.</p> <p>Program Focus: Care and Support</p> <p>Program Sub-Focus: Home-based care, IEC/BCC, Legal Support, Psychosocial Support, Stigma Reduction</p> <p>Target Populations: General, OVC, PLWHA</p>
<p>Hiwot HIV/AIDS Prevention, Care and Support Organization</p> <p>Type of Organization: Local NGO</p> <p>Country: Ethiopia Grant Awarded: \$150,000 Length of Project: 3 years</p>	<p>Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO) -- Ethiopia: This project implements critically needed home-based care for people living with HIV and AIDS and their families, while enhancing the ability of the community and health care providers to provide care and support in the South East District, Addis Ababa.</p> <p>Program Focus: Care and Support</p> <p>Program Sub-focus: Home-based Care, Nutrition programs, OVC, Psychosocial Support, Stigma Reduction</p> <p>Target Populations: OVC, PLWHA</p>
<p>International Community for the Relief of Starvation and Suffering</p> <p>Type of Organization: Local NGO</p> <p>Country: Kenya Grant Awarded: \$234,060 Length of Project: 2 years</p>	<p>International Community for the Relief of Starvation and Suffering (ICROSS) -- Kenya: ICROSS is replicating its successful home-based care model from Western Kenya during a two-year project extending services and strengthening networks for people living with HIV and AIDS and their families to Nakuru District.</p> <p>Program Focus: Care and Support</p> <p>Program Sub-Focus: Home-based care, OI/TB Prevention, Psychosocial Support</p> <p>Target Populations: OVC, PLWHA, General</p>
<p>Project Concern International</p> <p>Type of Organization: International NGO</p> <p>Country: Zambia Grant Awarded: \$350,000 Length of Project: 3 years</p> <p>Local Partner: Bwafwano Home Based Care Organization Subgrant Amount: \$182,000</p>	<p>Project Concern International (PCI) -- Zambia: Project Concern International and its partners are scaling-up community- and home-based care and support services for people living with HIV and AIDS and orphans and other vulnerable children living in peri-urban areas of Lusaka. They have developed a standardized national training program for home-based care.</p> <p>Program Focus: Care and Support</p> <p>Program Sub-Focus: Home-based Care, OI/TB Prevention, Psychosocial Support</p> <p>Target Populations: OVC, PLWHA, TB Patients, STI Patients</p>

Appendix A

<p>The Salvation Army</p> <p>Type of Organization: International FBO</p> <p>Country: Malawi Grant Awarded: \$228,595 Length of Project: 3 years</p>	<p>The Salvation Army -- Malawi and World Service Office: Funding supports the establishment of a community action team to identify community needs in relation to HIV/AIDS in one township in Malawi. In addition, it allows for the provision of basic care and support through volunteers to 50 percent of the families and individuals affected by HIV/AIDS; identification and promotion of key behavior changes to reduce the risk of HIV/AIDS transmission; education of 50 percent of the target population about voluntary counseling and testing; and provision of linkages and referrals for those testing HIV positive</p> <p>Program Focus: Care and Support</p> <p>Program Sub-focus: Home-based Care, IEC/BCC, Stigma Reduction, VCT</p> <p>Target Populations: General Population, PLWHA</p>
Region	Asia and Near East (ANE)
<p>Society for Service to Urban Poverty</p> <p>Type of Organization: Local NGO</p> <p>Country: India Grant Awarded: \$149,132 Length of Project: 3 years</p>	<p>Society for Service to Urban Poverty (SHARAN) -- India: Funding supports care and support services for people living with HIV and AIDS in New Delhi by increasing utilization of health care services by targeted populations. The project will also increase the employment of the target population by 60 percent over two years.</p> <p>Program Focus: Care and Support</p> <p>Program Sub-Focus: Nutrition, Psychosocial Support, Socioeconomic Support</p> <p>Target Populations: IDUs, PLWHA</p>
Region	Europe and Eurasia (E&E)
<p>Siberia AIDS Aid</p> <p>Type of Organization: Local NGO</p> <p>Country: Russia Grant Amount: \$200,000</p>	<p>Siberia AIDS AID Tomsk Regional Charity Fund -- Russia: Funding is providing a variety of support services for people living with HIV and AIDS, including the development of psychosocial and legal groups. The project supports the development of a network of AIDS service organizations in Siberia.</p>
Region	Latin America and the Caribbean (LAC)
<p>Project HOPE</p> <p>Type of Organization: International NGO</p> <p>Country: Honduras Grant Awarded: \$326,766 Length of Project: 2 years</p> <p>Local Partner: Asociacion de Salud Integral Subgrant Amount: \$28,055</p>	<p>Project HOPE -- Honduras: Funding supports establishing a model clinic and home-based care program in San Pedro Sula, Honduras, for provision of comprehensive care to people living with HIV and AIDS. Funds will also enable increased access to comprehensive home-based care for people living with HIV/AIDS and their families, and provide community education and advocacy to increase knowledge about HIV/AIDS and to reduce the stigma associated with it.</p> <p>Program Focus: Care and Support</p> <p>Program Sub-focus: Clinical Care, IEC/BCC, Prevention of Mother-to-Child-Transmission, Psychosocial Support, Stigma Reduction</p> <p>Target Populations: General, Pregnant Women, PLWHA</p>

Appendix A

Community REACH Youth Voluntary Counseling and Testing Grant Recipients

Region	Africa
<p>CARE</p> <p>Type of Organization: International NGO</p> <p>Country: Uganda Grant Amount: \$300,000 Length of Project: 3 years</p> <p>Local Partner(s): TBD Subgrant Amount: \$100,000</p>	<p>CARE -- Uganda: CARE's program in the Kabale District of Uganda empowers young people to make informed decisions about their reproductive health through scaling up more youth-friendly HIV/AIDS and reproductive health services which includes building capacity of local community-based organizations. The project expects to reach 137,000 adolescents and young adults.</p> <p>Program Focus: Voluntary Counseling and Testing, Linkages and Referrals</p> <p>Target Populations: Adolescent Youth</p>
<p>Family Planning Association of Kenya</p> <p>Type of Organization: Local NGO</p> <p>Country: Kenya Grant Amount: \$250,000 Length of Project: TBD</p>	<p>Family Planning Association of Kenya (FPAK) -- Kenya: FPAK is focusing on HIV/AIDS infected and affected youth through providing technical support and increasing the capacity of existing youth VCT and related services leading to improved care and support facilities for young people and greater outreach to young people accessing VCT services. The capacity building efforts by FPAK also include linkages to community leaders and volunteers.</p> <p>Program Focus: Voluntary Counseling and Testing, Linkages and Referrals</p> <p>Target Populations: Adolescent Youth</p>
<p>Health Alliance International</p> <p>Type of Organization: International NGO</p> <p>Country: Mozambique Grant Amount: \$300,000 Length of Project: 3 Years</p>	<p>Health Alliance International (HAI) -- Mozambique: HAI is implementing a project that targets HIV/AIDS prevention and care services for young people in Manica and Sofala provinces. The program will develop five new youth VCT centers, five youth groups for people living with HIV/AIDS, and protocols for health worker referrals.</p> <p>Program Focus: Voluntary Counseling and Testing, Linkages and Referrals</p> <p>Target Populations: Adolescent Youth</p>
<p>JHPIEGO</p> <p>Type of Organization: International NGO</p> <p>Country: Ghana Grant Amount: \$250,000 Length of Project: 3 Years</p> <p>Local Partner: Family Health Foundation</p>	<p>JHPIEGO -- Ghana: The project initially targets disenfranchised, "kayayoos" young women "load carriers" in Ghana, who are at an extremely high risk of contracting HIV/AIDS. These young women make up approximately 90% of the 10,000 youth trying to make a living at two of Accra's largest markets. Using mobile outreach VCT services JHPIEGO and its local partner Family Health Foundation will also scale-up VCT services for other at-risk youth in the capital.</p> <p>Program Focus: Voluntary Counseling and Testing, Linkages and Referrals</p> <p>Target Populations: Adolescent Youth</p>

Appendix A

Region	Asia and Near East (ANE)
<p>Adventist Development and Relief Agency</p> <p>Type of Organization: International FBO</p> <p>Country: Nepal Grant Amount: \$300,000 Length of Project: 2 Years</p> <p>Local Partners: Association of Medical Doctors of Asia, Nepal Red Cross Society Subgrant Amount: \$155,000</p>	<p>Adventist Development and Relief Agency (ADRA) -- Nepal: VCT services for young people are being set up by ADRA in both the Kavre and Jhapa districts of Nepal. Partnering with the Association of Medical Doctors of Asia and the Nepal Red Cross Society, services include counselor training, community sensitization and advocacy, youth awareness and psychological support. The project, which will target 15,000 in and out of school youth, expects that youth reporting “safe sex” behavior will increase by 15 % by the end of the two-year project.</p> <p>Program Focus: Voluntary Counseling and Testing, Linkages and Referrals</p> <p>Target Populations: Adolescent Youth</p>
Region	Latin America and the Caribbean (LAC)
<p>American Red Cross</p> <p>Type of Organization: International NGO</p> <p>Country: Honduras Grant Amount: \$294,308 Length of Project: 3 Years</p> <p>Local Partners: Honduran Red Cross, Casa Alianza, ASONAPVSI DAH Subgrant Amount: \$208,873</p>	<p>American Red Cross (ARC) -- Honduras: ARC is working with the Honduran Red Cross (HRC) and Casa Alianza to provide VCT services to 10,600 underserved at-risk youth, including homeless youth, in Tegucigalpa and San Pedro Sula over a three-year period. The organization will not only offer accessibility to VCT services but will continue to collect data on at-risk behavior among young people.</p> <p>Program Focus: Voluntary Counseling and Testing, Linkages and Referrals</p> <p>Target Populations: Adolescent Youth</p>
<p>Foundation for Reproductive Health and Family Education</p> <p>Type of Organization: Local NGO</p> <p>Country: Haiti Grant Amount: \$285,714 Length of Project: 3 Years</p>	<p>Foundation for Reproductive Health and Family Education (FOSREF) – Haiti: FOSREF is making youth-friendly VCT and related services accessible to more than 350,000 impoverished youth living in marginal urban areas in the Western department of Haiti.</p> <p>Program Focus: Voluntary Counseling and Testing, Linkages and Referrals</p> <p>Target Populations: Adolescent Youth</p>

Appendix A

Community REACH Stigma and Discrimination Grant Recipients

Region	Africa
<p>GOAL</p> <p>Type of Organization: Local NGO</p> <p>Country: Uganda Grant Awarded: \$105,700 Length of Project: 3 years</p> <p>Local Partners: Bugiri Network of AIDS Service Organizations (BUNASO), National Community of Women Living with HIV/AIDS (NACWOLA) Subgrant Amounts: BUNASO- \$15,221 NACWOLA- \$68,610</p>	<p>GOAL -- Uganda: The project is addressing stigma and discrimination at individual, community and institutional levels in the Bugiri District, integrating information-based approaches, coping skills acquisition, advocacy and policy dialogue in order to maximize impact. This integrated strategy will enable PLWHA to develop their coping abilities and play a leading role in addressing the causes of stigma and discrimination, creating an enabling environment in which PLWHA can advocate for greater respect for their rights and achieve a reduction in institutionalized stigma and discrimination.</p> <p>Program Focus: Stigma and Discrimination</p> <p>Program Sub-Focus: Nutrition, Psychosocial Support, Socioeconomic Support</p> <p>Target Populations: PLWA, Healthcare providers, OVC, Policy Makers, Regional and Traditional Leaders</p>
<p>Journalists Against AIDS (JAAIDS)</p> <p>Type of Organization: Local NGO</p> <p>Country: Nigeria Grant Awarded: \$95,033 Length of Project: 2 years</p>	<p>Journalists Against AIDS (JAAIDS) --Nigeria: JAAIDS is working to equip gatekeepers in the media with accurate, up-to-date information in order to ensure reliable reporting on issues, challenges and solutions around HIV/AIDS stigma and discrimination. The project will provide platforms for informed public discussion and debate on stigma and discrimination and build capacity among leaders of the Nigerian media in Lagos, Abuja, Ekiti, Enugu and Kano so that they will, on their own, become advocates for change—in terms of communicating behavior change to reduce stigma and mobilizing policy change.</p> <p>Program Focus: Stigma and Discrimination</p> <p>Program Sub-Focus: BCC, Advocacy, Capacity building</p> <p>Target Populations: Adolescents, Community Organizations, Health Care Providers, PLWA</p>
<p>Kimara Peer Educators and Health Promoters Trust Fund</p> <p>Type of Organization: Local NGO</p> <p>Country: Tanzania Grant Awarded: \$100,066 Length of project: 2 years</p>	<p>Kimara Peer Educators and Health Promoters Trust Fund --Tanzania: This project will ensure that all Kimara staff, volunteers, and an initial core of ten-cell leaders have the skills necessary to recognize, challenge, and carry out a program to reduce stigma and discrimination in Kinondoni District. It will further empower PLWHA and their families to overcome internal (felt) stigma, challenge stigma and discrimination, and be actively involved in reducing stigma and discrimination in their community.</p> <p>Program Focus: Stigma and Discrimination</p> <p>Program Sub-Focus: Advocacy, IEC</p> <p>Target Populations: PLWHA, Families Affected by HIV/AIDS, Public Sector, Religious/Traditional Leaders</p>

Appendix A

<p>Medical Care Development International (MCDI)</p> <p>Type of Organization: Local NGO</p> <p>Country: South Africa Grant Awarded: \$100,000 Length of Project: 2 years</p> <p>Local Partner: National Association of People Living with HIV/AIDS (NAPWA) – South Africa</p> <p>Sub-Grant Amount: \$60,007.00</p>	<p>Medical Care Development International (MCDI) – South Africa: This two-year project is building NAPWA's capacity to utilize multiple approaches for community mobilization and to improve legal protection for PLWHA in Ndwedwe District. The project is based on the principles of a rights-based approach (<i>e.g.</i>, universality, gender equality, accountability of duty-holders, participation) and principles of GIPA to effectively address internal and external stigma and discrimination.</p> <p>Program Focus: Stigma and Discrimination</p> <p>Program Sub-Focus: Capacity Building, psychosocial support, legal support</p> <p>Target Populations: Policy Makers, Traditional/Religious Leaders, Public Sector, Community Organizations, Adolescents, Care Givers</p>
<p>Mildmay</p> <p>Type of Organization: International FBO</p> <p>Country: Kenya Grant Awarded: \$102,350 Length of Project: 2 years</p> <p>Local Partners: 16 Community-Based Organizations (CBOs)</p>	<p>Mildmay--Kenya: This program addresses the need to sensitize the wider community and address the need for regular psychosocial activities to support those infected and affected by HIV/AIDS. Mildmay will utilize existing relationships with selected health professionals in eight districts in Nyanza province to scale up 16 community-based initiatives in partnership with the Kenya Ministry of Health.</p> <p>Program Focus: Stigma and Discrimination</p> <p>Program Sub-focus: Advocacy, IEC, Capacity Building</p> <p>Target Populations: OVC, Youth, Children, PLWA, general population</p>
<p>Kara Counseling and Training Trust</p> <p>Type of Organization: Local NGO</p> <p>Country: Zambia Grant Awarded: \$105,714 Length of Project: 2 years</p> <p>Local Partner: Zambart</p>	<p>Kara - Zambia: The purpose of the Kara Counseling and Training Trust program is to raise awareness and create the safe spaces needed to allow communities to begin the process of creating a social movement to reduce the impact of HIV and TB-related stigma by using the ICRW <i>Understanding and Challenging HIV/AIDS Stigma: A Toolkit for Action</i> in a series of workshops with key community players. Kara is facilitating and supporting community initiatives that develop anti-stigma activities and address knowledge gaps, in order to reduce fears around HIV/AIDS.</p> <p>Program Focus: Stigma and Discrimination</p> <p>Program Sub-focus: Psychosocial Support, IEC, Capacity Building</p> <p>Target Populations: Caregivers, Community Organizations, Families Affected by HIV/AIDS, Religious Traditional Leaders</p>

Appendix A

Region	Asia
<p>Adventist Development and Relief Agency (ADRA)</p> <p>Type of Organization: International NGO Country: Cambodia Grant Awarded: \$125,000 Length of Project: 2 years</p> <p>Local Partners: Rural Association for the Development of the Economy (RADE), Cambodia Organization for Human Rights and Development (COHRD) Subgrant Amounts: RADE-\$44,063.00, COHRD-\$33,120.00</p>	<p>Adventist Development and Relief Agency (ADRA) –Cambodia: ADRA and its local partners are empowering and mobilizing stakeholders, such as trained Buddhist leaders, local authorities and PLWHA to help reduce internal and external stigma and discrimination and facilitate widespread and enduring changes in social attitudes in Sampov Meas District. These stakeholders are mobilized to disseminate accurate information about and dispel myths surrounding HIV/AIDS and PLWHA, promote a compassionate community and individual response to PLWHA, and inform people about locally-available voluntary counseling and testing (VCT) and support services.</p> <p>Program Focus: Stigma and discrimination</p> <p>Program Sub-focus: Advocacy and Capacity Building</p> <p>Target Populations: PLWHA, Families Affected by HIV/AIDS, Community Organizations, Religious and Traditional Leaders</p>
<p>CARE</p> <p>Type of Organization: International NGO Country: Cambodia Grant Awarded: \$108,060 Length of Project: 2 years</p> <p>Local Partners:</p> <p>Subgrant Amounts: SEADO: \$30,352</p>	<p>CARE-Cambodia: The purpose of the CARE Cambodia program is to increase level of involvement of religious figures in stigma and discrimination work, and community mobilization by training and mobilizing 200 religious leaders in CARE’s five project areas. CARE Cambodia also plans to facilitate the involvement of over 200 people living with HIV/AIDS (PLWHA) in provincial government AIDS program coordinating committees, VCT services, self-help groups, community outreach and PLWHA advocacy.</p> <p>Program Focus: Stigma and discrimination</p> <p>Program Sub-focus: Advocacy and Capacity Building</p> <p>Target Populations: PLWHA, Families Affected by HIV/AIDS, Community Organizations, Religious and Traditional Leaders, General Population</p>

Appendix A

Region	Latin America and the Caribbean (LAC)
<p>Les Promoteurs de l'Objectif Zerosida (POZ)</p> <p>Type of Organization: Local NGO</p> <p>Country: Haiti Grant Awarded: \$100,000 Length of Project: 2 years</p>	<p>Les Promoteurs de l'Objectif Zerosida (POZ) -- Haiti: POZ is creating and strengthening self-help support groups in four geographical areas of Haiti: the west, northeast and southeast and the north districts. The self-help groups will learn to identify initiatives that contribute to improving conditions of sero-positive individuals, their families, and their communities. The project will increase PLWHA groups' advocacy skills and empower them to take a more active role in reducing the rate of spread of HIV/AIDS and stigma and discrimination.</p> <p>Program Focus: Stigma and Discrimination</p> <p>Program Sub-focus: Home-based Care, Psychosocial Support, BCC</p> <p>Target Populations: General Population, Pregnant Women and Youth</p>



Community REACH Program Strategy

I. Project Purpose

The Community REACH (Rapid and Effective Action Combating HIV/AIDS) Leader Award is a global USAID program funded through the Global Bureau for Health's Office of HIV/AIDS and designed to facilitate the efficient flow of grant funds to organizations playing valuable roles in the struggle against HIV/AIDS. The program promotes both scaling-up of successful programs and start-up of new programs with potential for demonstrable impact on the pandemic.

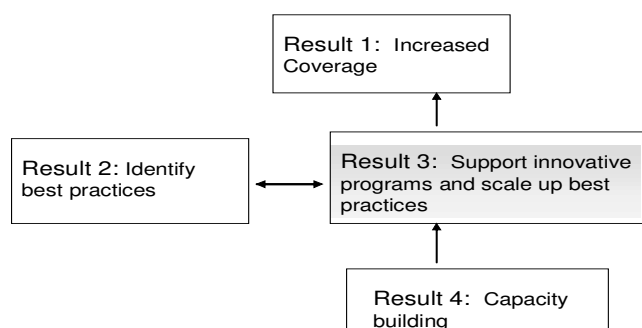
Managed by the international non-governmental organization Pact, with Futures Group providing monitoring and evaluation, this dynamic new USAID funding mechanism will quickly make funds available to non-governmental organizations (NGOs) to support HIV/AIDS programs that reach individuals, families, and communities most vulnerable to HIV infection and HIV-related consequences with the services they need most.

The project was developed to help USAID's Global Bureau meet identified critical global needs:

- Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic. ~~ *Strategic Support Objective 4*
- Strengthened and expanded private sector organizations in delivering HIV/AIDS information and services. ~~ *Intermediate Result 4.4.*

Areas of intervention will encompass the entire HIV/AIDS prevention-to-care continuum. Figure 1 describes expected project results as a flowchart which begins with capacity building (Result 4) to achieve increased coverage of individuals and communities served by HIV prevention, VCT, and care and support services (Result 1). Community REACH will maximize the effectiveness and efficiency of grant funds by identifying and scaling up best practices of service delivery (Results 2 and 3). (See Attachment 1 for complete strategic results framework.)

Figure 1: Community Reach Project Results – a flowchart



II. Project Background

Awarded in October 2001, Community REACH program has two components - the Leader Award and Associate Awards. The five-year Leader Award is centrally-funded and includes a competitive grants program and other activities supported through buy-ins. The ten-year Associate Award component allows USAID regional bureaus and country missions to work with Community REACH to develop NGO grant programs tailored to their specific geographic areas and needs. USAID funding for the Leader Award is available through September 2006 with an initial ceiling of \$40 million. The total obligation as of the end of fiscal year 2002 was \$6.31 million. Based on information from the program's CTO, Community REACH anticipates a sharp reduction in funding to \$2 million for FY03. Associate Award funding has a ceiling of \$80 million and an end date of September 2011.

Under the Leader Award, legally-established non-governmental and community-based organizations working on a local, regional or worldwide basis in selected countries are eligible to apply for grants in three categories: (1) primary prevention and education, (2) voluntary counseling and testing (VCT), and (3) care and support for those living with and affected by HIV/AIDS. Community REACH is conducting two to three competitive requests for applications (RFAs) per year. The number of RFAs, the funding level and length of individual grants depends upon USAID's fiscal year funding obligation to Community REACH. Grants are typically \$100,000 to \$300,000 for two to three years for projects starting 2002 through 2003. Grants for projects starting 2004 through 2006 will be offered for shorter project periods unless the Leader Award is granted an early extension by USAID-OHA.

The Associate Award mechanism is designed for USAID missions and bureaus that wish to develop and fund country- or region-specific grant making programs without taking on all the management burdens these may entail. The Associate Awards provide a rapid mechanism with a short procurement time frame to put resources directly into the hands of NGOs and community-based organizations (CBOs) working on HIV/AIDS. Under this mechanism, Community REACH assumes administrative responsibility for awarding and monitoring local grants, while missions and bureaus retain substantial technical involvement. Community REACH provides teams of program and grants management and evaluation experts to help missions design programs, manage grants competitions, conduct organizational capacity assessments, provide capacity-building and offer technical assistance to grantees on monitoring and evaluations.

Community REACH is now in its second year. To date, the program has completed two Leader Award solicitations; the first focused on care and support and the second on youth voluntary counseling and testing (VCT). The two solicitations generated over 200 applications from more than 20 countries which were submitted to rigorous review by panels of technical experts. Community REACH has selected for award fifteen grants in 13 countries. Eight organizations are now implementing care and support grants. The program chose seven NGOs to receive youth VCT grants. These awards are in process in early 2003. The total funding for the 15 grants is \$4 million.

- Program Years 2003-2004 (FY 03-04)

The project will continue to issue two to three RFAs for the next two years. The level of resources allocated for these RFAs depends upon the amount of funding obligated yearly by USAID to the program. During these years, Community REACH will focus on grant monitoring, looking for potentially promising approaches and documenting lessons learned by grantees.

- Program Years 2005-2006 (FY05-06)

During the final 18 to 24 months Community REACH will *not* issue standard RFAs due to the necessarily shortened funding periods. Instead, the program will reinvest in successful ongoing grants, offering

additional funding to expand or extend activities. If the Leader Award receives an early extension from USAID, the project will consider issuing additional RFAs for new grants.

III. Project Vision & Mission

Vision

Community REACH envisions communities united by courage and hope, equipped with strengthened capacity, and energized by ownership to lead an expanded fight against HIV/AIDS. This fight will result in decreasing transmission of HIV, better care for those living with HIV/AIDS, especially among the most vulnerable, and a safer, more interconnected world.

Mission

Our mission as Community REACH is to rapidly make support available to community-based HIV/AIDS programs that reach the most vulnerable groups that are unserved or underserved with the most needed services.

IV. Guiding Principles/Values

The two partner organizations, Pact and Futures Group, are guided by the following principals and values:

Pact helps build strong communities globally that provide people with an opportunity to earn a dignified living, raise healthy families, and participate in democratic life. Pact achieves this by strengthening the capacity of grassroots organizations, coalitions and networks, and by forging linkages among government, business and the citizen sectors to achieve social, economic and environmental justice.

Key organizational values that guide its work include participation, networked communities, continuous learning, and peer partnerships.

The Futures Group provides management, marketing, research and strategic planning assistance to help clients make comprehensive, creative, and contextually-appropriate solutions today for the public health and social issues facing the world tomorrow.

The Futures Group works in developing countries to build local capacity for addressing critical issues. Futures seeks to make a positive difference in the world's response to public health and social issues, present thoughtful, strategic, and relevant policy and program options, and promote an environment in which skilled, innovative, and dedicated researchers and practitioners can work to help improve the human condition throughout the world.

Community REACH team shared values include community participation, active stakeholder and target audience involvement, building capacity at the grassroots level, strengthening community-based networks and adding to the body of knowledge on effective responses to HIV/AIDS, by documenting lessons learned by Community REACH grantees.

V. Strategic Direction

Community REACH provides a rapid response to the HIV/AIDS pandemic by achieving community-level impact in the hardest-hit regions and countries, specifically USAID priority countries. Most grants will be awarded for scaling up proven service delivery models or replicating these models in new geographic areas. To help strengthen and expand the capacity of private sector organizations working on HIV/AIDS, Community REACH require international private voluntary organizations (PVOs) applying for grant funds propose local partnerships with one or more local organization that provides formal capacity building and sub-grants. Community REACH will give preference to PVO applications that

allocate at least 60% of their budgets to this partnership. Community REACH will also earmark 30% of its grant funds for awards to local NGOs and community-based organizations (CBOs).

Key Elements of the Strategic Direction

1. Geography and Scope

Community REACH will support programs in countries classified by USAID as “rapid scale up” and “intensive” countries. Under the current classification, Rapid Scale-Up countries include Cambodia, Kenya, Uganda and Zambia. Intensive countries include Ethiopia, Ghana, Malawi, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Zimbabwe, India, Indonesia, Nepal, Brazil, Dominican Republic, Haiti, Honduras, Russia and Ukraine. Under the Leader Award, Community REACH will not support grants in “basic” category countries. The Office of HIV/AIDS will review these classifications regularly, making revisions as needed based upon changing realities.

Community REACH will aim for geographic diversity among its grants, balancing between regions. Community REACH expects that approximately half of its grants will be for interventions in Africa. The other half will be distributed among Asia and the Near East, Europe, Eurasia, and Latin American and the Caribbean. The project expects to cover most if not all of the 23 priority countries, although this is contingent upon USAID mission participation and receiving quality proposals.

Community REACH grants will serve the district level and below. USAID missions wishing to support country-wide, comprehensive NGO programs may consider the Associate Award mechanism.

2. Interventions

The Community REACH program was designed to cover three broad areas encompassing the entire HIV/AIDS prevention – care continuum to be the focus of the grants. These were (1) primary prevention and education, (2) voluntary counseling and testing, and (3) care and support for those living with and affected by HIV/AIDS. Community REACH acknowledges the interconnectedness among these three areas and supports grants that allow for overlap and respond to real needs at the community level. Community REACH’s target population will vary by country and encompass those most vulnerable groups. Community REACH will design its RFAs to encourage innovative and potentially replicable models that respond to the many different facets of the HIV/AIDS pandemic.

Themes for future RFAs will fall into two basic categories: “recognized best practices” and “promising innovations.” Specific definitions will be refined, but generally “recognized” will refer to documented, research-based best practices acknowledged to be effective by the international HIV/AIDS community. “Promising innovations” refers to community-level interventions that are based on sound programming principles (e.g. community mobilization; PLWHA involvement) and are documented to be effective within the limited community context. These interventions are not necessarily being replicated elsewhere nor are they well documented at a regional or international level. Community REACH will work to identify those technical areas. Community REACH will design its RFAs to encourage innovative and potentially replicable models to respond to the many different facets of the HIV/AIDS pandemic.

3. Best Practices and Promising Approaches

Community REACH will provide funding both to scaling up recognized best practices and to promising community-based interventions. Community REACH will award grant funds to projects that scale up established best practices, either through expansion in a given country or replication in a new country or location. Other awards will be available for piloting new approaches—particularly

where best practices are not commonly identified or acknowledged by the HIV/AIDS program community.

All grantees will be asked to reflect on and analyze their implementation practices, according to the above, in their quarterly reports and annual work plans. Through this process, grantees will be encouraged to identify circumstances that were very important for the development of the practice and which parts were crucial for success and which parts should be taken into account by others who want to adapt or adopt the practice.

The identification of “best practices” and promising approaches through grantee reporting may also help generate hypotheses about effective interventions that may be later be tested by other organizations in other settings through the use of more rigorous quantitative methods. Community REACH will prepare a synthesis on these practices and approaches on an annual basis.

4. Linkages.

Community REACH anticipates that its grants to NGOs will be a component of larger scale initiatives and/or national programs. The program will encourage and foster linkages to networks, to other donors, and to local USAID mission programs as a way of encouraging grantees to establish close coordination and collaboration with other groups providing complementary services. These may include hospitals, clinics, government programs, community groups, PLWA support groups, STI treatment facilities and others. Community REACH will require that grant applications demonstrate the above. The program does not plan to fund stand-alone interventions.

5. Capacity Building

Community REACH does not provide extensive, formal capacity building technical assistance to its grantees. Nevertheless, Community REACH will provide informal capacity building technical assistance when opportunities arise during project management. Such opportunities include monitoring visits and guidance given to NGOs related to work planning, financial reporting, and monitoring and evaluation plan development. Capacity building may be tied into ongoing, existing technical assistance provided through both Pact’s country program infrastructure and USAID SO4 cooperating agencies (CAs) with similar or larger mandates in NGO capacity building, operations research or NGO grant-making. For example, Community REACH expects to collaborate with Population Council/Horizons, the International HIV/AIDS Alliance, FHI/YouthNET and the new CORE project.

To foster this collaboration, Community REACH, together with its CTO, will:

- Make RFA focus/themes known early
- Provide information on grants funded under Community REACH
- Encourage formal partnership within our grants
- Share information regularly with CAs.

6. Program Advisory Committee

Community REACH will form and activate a small program advisory committee to serve as program advisors. The committee will meet once a year to assist the Community REACH team in a yearly review of its strategy and refining of the project’s RFA themes and process. The committee members will include youth, PLWA, an NGO expert and other target population stakeholders in addition to technical experts with crosscutting skills, with one or two members from overseas.

7. Timeline

Community REACH's detailed program timeline is in Attachment 2.

VI. Learning Agenda

As a result of the review processes for Community REACH's first two RFAs, the program team identified three broad, crosscutting themes that will form the learning agenda. These broad thematic areas will be used to reflect on grants made under all of Community REACH's RFAs, and are defined as: 1) referrals/linkages, 2) participation of target population, and 3) policy and operational barriers.

For each RFA, the Community REACH team, with input from technical experts, will develop two to three general "lessons learned" questions under each of the three themes during the full application review process. Upon receipt of their awards, grantees will be given these questions and asked to provide responses to these questions quarterly and annually.

The Community REACH team will use these responses to look for promising approaches and/or potential best practices. The experiences of the grantees in these areas will be summarized in Community REACH annual reports as stated in the strategic results framework.

While the learning agenda will depend completely on grantee responses to the questions within the three thematic areas, the limited budget for evaluation in Community REACH makes this approach the most feasible.

The Community REACH team will actively seek additional opportunities to conduct and participate in research related to the interventions supported by program grants. In FY02, USAID made funding available for operations research on OVC which will fill in some of the gaps in that area as well as developing a replicable protocol for wider use. The team will explore other possible collaborations, including with FHI/YouthNET related to youth and VCT, seeking funding from various sources to support this research.

VII. Strengths of Community REACH

Strategic assets of the management team and special advantages of the funding mechanism include:

- A rapid RFA dissemination, review and award process was in place quickly and is working currently.
- Funding of recipients not typically funded by USAID, either directly or through sub-grants, is explicitly anticipated and planned.
- Funding of programs aimed at providing the most needed services to the most vulnerable populations.
- The combined technical skills of partner organizations specifically Pact's management of complex global grant-making programs, practical implementation of Leader with Associate awards, global institutional strengthening, and Futures Group's monitoring and evaluation of HIV/AIDS programs support effective programming.
- Commitment to and practice of teamwork between Pact and Futures Group enables open, transparent project management.
- The opportunity for leveraging additional funding from mission budgets for HIV/AIDS programs at the country level provides additional programmatic flexibility and responsiveness.

VIII. Challenges Remaining for Community REACH

A number of challenging issues inherent to the project and/or the funding mechanism remain to be resolved. Community REACH will adopt the following approaches to address these challenges.

Leader Award Level of Funding

Due to the FY funding obligation mechanism of USAID, the annual level of funding for Community REACH is unpredictable. While our strategy assumes the funding levels specified in our Leader cooperative agreement under a \$40 million ceiling, the first two fiscal year obligations have been significantly below the expected ceiling. Therefore, our strategy will need to remain flexible. During yearly reviews, the team may have to make adjustments in accordance with our financial reality.

Associate Awards

During the first year of the program, no USAID missions have made an Associate Award to Community REACH. However, USAID/W has since awarded a number of LWA cooperative agreements and mission understanding of the mechanism seems to be growing. Based on the stakeholder interviews with missions and USAID/Washington, the following next steps are planned as a way to “market” the Associate Award mechanism:

- In December 2002, team prepared a discussion paper to supplement the Community REACH brochure;
- Community REACH team and CTO conduct meetings in Washington whenever mission staff are in town;
- Community REACH team and CTO educate USAID Office of HIV/AIDS (OHA) staff who work on strategy design teams, targeting those who will participate on teams in eligible countries developing those countries’ HIV/AIDS strategies.

Capacity Building

To the extent possible within our budgetary constraints, Community REACH will support technical assistance directly for its local NGOs. Whenever appropriate, the program will access available Pact country/regional resources to provide assistance. The team will work to identify other creative capacity building options, such as requiring international PVOs to include building local partners’ capacity in their applications and linking grantees to opportunities available through other USAID CAs. When Community REACH identifies a need for capacity building that it is unable to meet, the team will strive to identify other affordable resources to assist. Such needs could include financial accounting, meeting grant reporting requirements, data collection and analysis and other monitoring and evaluation needs.

Documenting and Sharing Lessons Learned

The current structure of the Community REACH budget and scope of work limits the program’s ability to critically analyze and synthesize overarching lessons learned. Information the grantees will submit in quarterly reports and annual work plans will be the norm at this time. The team will explore funding opportunities for operations research and other options for addressing Community REACH’s learning agenda.

Contingent upon availability of funds, Community REACH will assess the feasibility of convening a mid-project grantee workshop focusing on lessons learned. This would be held prior to the end of FY04.

Staying Aligned with Focus, Strategy, Directions

Community REACH principals, the Program Advisory Committee and key USAID personnel will meet and review the strategy versus actual performance in July/August each year. While it is anticipated that this will happen throughout the project period, this yearly review will be incorporated as part of the annual work plan development process. Any revisions made including any updated strategy will be documented and included as part of the early preparation process for upcoming RFAs, overall project evaluation and reporting.

IX. Outcomes/Results/Strategic Goals & Objectives

Community REACH has developed a strategic results framework for the program. (See Attachment 1)
The following are results for which Community REACH is directly responsible and illustrative targets for high, medium and low scenarios for these are as follows:

- Result # 3: Grants managed efficiently

	High	Medium	Low
# RFAs issued	10	8	6
# proposals received	1,100	800	600
# grants awarded	70	50	40
\$ awarded	\$35 M	\$25M	\$10 M
# Associate Awards received	7 for \$80M	5 for \$50	3 for \$25M

Efficiency of grants-awarding procedures: Award grants within 16 weeks of solicitation (RFA)

Selection process: 10 weeks

Award process: 6 weeks

- Result #4: Increased local capacity

# documented lessons learned	5
# organizations with strengthened technical skills and management systems	minimum of 35
# organizations participating in coalitions	minimum of 50

Community REACH has intentionally set these targets high based upon the original projected funding levels when USAID designed the program. This is meant as a challenge for the program. The team is cognizant of the possibility that the program will be unable to meet its targets and that some of the reasons for this are not within the control of the program.

X. Prospectus of Possible RFA Themes

RFA themes will be drafted as narrowly as possible to ensure impact and to limit the number of applications and focus the relevance of the applications. The following RFA themes suggested for FY03 and FY04 represent current, emerging, and high priority areas:

- Reducing stigma and discrimination through innovative and proven effective approaches (GIPA) – January 2003
- Prevention for younger adolescents (ages 10-14) in vulnerable settings
- Targeted interventions for sex workers (both female and male) scaling up best practices
- Two or three RFAs with focuses on gender-based violence, men who have sex with men (MSM)

The final selection of RFA themes must also take into consideration the current political climate in which the program is working. Community REACH will seek USAID CTO approval prior to deciding on each theme.

Other possible focuses for subsequent years:

- Integrated programs (reproductive health/family planning -RH/FP models) in high prevalence countries (late 2003 or 2004.) [Suggest reviewing the literature before developing this theme.]

- Prevention for youth (e.g. behavior change communication (BCC), peer education; adult-youth partnerships; school-based programs, edutainment)
- Prevention for PLWA, or prevention through PLWA (such as post-test clubs, PLWA networks Network and coalition building)
- Community mobilization/advocacy

In developing the individual RFAs themselves, Community REACH will more clearly define and narrow the themes; clarify the balance of innovation versus scale-up for each focus; and determine when in the life of the project the proposed focus holds the most promise for effective projects.

Areas and Themes outside Community REACH's focus

Certain interventions will be excluded because they are highly medicalized and do not fit within the parameters of the Community REACH focus on community-level, community-based programs focus. Government programs are in a better position to provide these services. They include

- Hospital-based services
- Direct provision of anti-retroviral (ARV) treatment for PLWA and PMTCT
- Direct provision of tuberculosis (TB) treatment, and
- Management of sexually –transmitted infection (STI) treatment programs

Further, at least for 2003, RFAs will not focus on programs targeting injection drug users (IDUs) because of the current federal government restrictions on domestic funding for needle exchange activities.

Attachment 1: Community REACH project results framework

Level	Result	Indicators	Data Sources
Outcome	1. Increase number of individuals served by HIV prevention, VCT, and care and support services	<ul style="list-style-type: none"> # individuals reached (by target population, service provided, and country) 	Annual and Quarterly reports
	2. Identify potential “best practices”	<ul style="list-style-type: none"> Syntheses in reports on select topics issued (e.g. scaling up, innovative approaches, and satisfaction of beneficiaries) 	Annual and Quarterly reports
Process	3. Support Programs through the efficient awarding and management of small/medium grants	<ul style="list-style-type: none"> # RFAs issued # proposals received # grants awarded \$ awarded Efficiency of grants-awarding procedures Satisfaction of USAID/W stakeholders Satisfaction of USAID missions Satisfaction of grantees 	Project records Consumer Satisfaction Surveys to be done by e-mail
Support	4. Increase local capacity to respond to the HIV/AIDS epidemic	<ul style="list-style-type: none"> # organizations with strengthened management systems # organizations with strengthened technical skills # organizations participating in coalitions 	Quarterly Reports (See Table 1)

Community REACH project**Table 1 Tool to track indicators under Support result 4: Increased local capacity to respond to the HIV/AIDS epidemic**

Technical Assistance (TA) provided by your organization

Type of TA provided	TA provided by	TA provided to	Type of organization	How TA was provided	Type & #s people trained	Duration of TA	Results of TA	Follow-up TA planned
(Technical area e.g. HBC, Finance etc.)	(title of staff)	(name of organization)	(CBO, Faith-based, govt)	(workshop, site visit etc)	(counselors, peer educators etc)	(# of days)	(new activities implemented, new service delivery etc)	(Yes/no)

TA received by your organization

Type of TA received	TA provided by	TA provided to	Type of organization	How TA was provided	Type & #s of staff trained	Duration of TA	Results of TA	Follow-up TA planned
(Technical area e.g. HBC, budgeting etc.)	(title of staff)	(name of organization)	(INGO, UN, govt)	(workshop, site visit etc)		(# of days)	(new activities implemented, new service delivery etc)	(Yes/no)

Appendix C

Case I:

CARE Rwanda Case Study: Seraphine

“Since [tragedy fell] I have had to do all the work to keep the household together and feed my four siblings.” Seraphine has spent her entire young adult life without the vigilance and love of her parents. Beneath her still peaceful exterior one can sense that she has fortified her inner self against the chaos that life without parents creates; she is an endurer. Seraphine’s mother became sick and died in 1994 before just before the Rwandan Genocide. Her father was killed in the same war.

It would seem that Seraphine has lived much more than her mere 19 years with her four siblings – three of which live with her – in their austere home located in Gitarama Province, south-central Rwanda. Their household owns a little plot of land on which Seraphine grows sweet potatoes, cassava, and beans. Every morning she gets up early, cleans the house and the yard, goes to the field to cultivate it, and returns at noon to prepare some food for her two younger siblings.

Rwanda has many orphans in the same situation. It is estimated that there are over 264,000 children orphaned by AIDS and living in Rwanda today. Rwanda is one of the ten least developed nations in the world; it is also one of nine African countries hardest hit by the HIV/AIDS epidemic. In 2001 an estimated 500,000 Rwandans were living with HIV/AIDS. The epidemic has also had a significant effect on the country’s life expectancy: as of 2002, it stood at 39.5 years; in the absence of AIDS, life expectancy is estimated to have been 51.5 years.

Background

Seraphine’s oldest sibling, Jean-Paul, is 22 years old, Olivier is 9 years old and her sister Uwimana is 7. Uwimana and Olivier both attend school, which Seraphine believes is very important. She was able to attend school only until Grade 5, when she dropped out because her family could not afford to pay school fees coupled with the added economic pressures of the death of her young mother.

Jean-Paul assists Seraphine in the field and the smaller ones help Seraphine by getting water and firewood after school. Seraphine has another brother who lives nearby with his wife and two small children. Even though he helps sometimes, he has his own family to care for and cannot contribute much.

There are few programs in Rwanda specifically designed to address problems such as Seraphine’s. In July 2002, CARE Rwanda, received a three-year USAID grant through Community REACH to improve care and support services in Gitarama Province. CARE Rwanda is building capacity and providing subgrants to four local organizations and a faith-based organization to improve and expand care and support services and conduct HIV/AIDS awareness campaigns in Gitarama province.

Seraphine began receiving support from CARE Rwanda back in November 2001. In just two short years she has been able to start her own business and provide for herself and her family. One of the CARE’s local partners – Cyeza Catholic Parish – through the Community REACH project, has been instrumental in providing Seraphine with the psycho-social and economic support that she and her family currently needs.

Seraphine’s trained nkundabana (child mentor) conducts regular home visits to check up on her to make sure all is well, advise her on life when necessary, inform her on upcoming activities, raise her health consciousness and to cheer Seraphine up when she is feeling desperate. CARE Rwanda also provides

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Seraphine's with food aid through her Nkundabana. Previous to her receiving the much needed aid, Seraphine worked outside the home to earn money. However, her earnings were so small that she and her siblings could only afford to eat potatoes. Now her current monthly food ration meets and estimated 70% of the nutritional needs of every household served.

Maybe most crucial, Seraphine has also joined an association of child-headed households. The main reason for this group is HIV/AIDS awareness-raising which is facilitated by Project staff. Additional activities include meetings regarding saving for loans and income generating activities. Seraphine has also had the opportunity to participate in socialization activities – organized by the Project staff and the local Catholic Parish – including competition in sports and traditional dance.

Results

Through a savings-and-loan activity, run by the local Parish was able to start her own business by buying a pig on loan for five dollars (\$5). In a year's time, if she manages to feed the piglet well, it will be grown and be worth \$10. For the time being she uses the manure produced by the pig to fertilize her land which in turn dramatically improves the quality of produce her household grows. When there is a surplus she and her brother go to market to sell or trade the vegetable for their household needs.

Seraphine has already paid back half of the loan and will pay back the rest over the coming two months. She sees the piglet as an emergency fund, in case one of her siblings gets ill. If not, Seraphine plans to sell the pig and buy a new piglet at the end of the year. With the profits that she has made Seraphine can now prepare more wholesome and diverse foods for herself and her family, as a result they are much healthier.

CARE continues to work with nkundabanas to build their skills in providing psychosocial support and other services to their peers. CARE also continues to strengthen referral networks and linkages between clinic and home-based care services for the treatment of opportunistic infections.

Last but not least, Seraphine has been able to attend two Training of Trainers Workshops for savings-and-loan systems. In this way she is empowered to help others in the community that are in the same situation she was in just a few years back.

All in all, the CARE project has made a vast difference in Seraphine's life. Without a *nkundabana*, supported by CARE, Seraphine's situation would be much worse; her siblings might not go to school and they would likely be malnourished.

To date, the CARE program has reached over 7,000 OVCs, 758 child headed households and 470 households of PLWHA. Most of these OVCs can recount similar stories to Seraphine's and have benefited tremendously from the comfort and support of knowing someone is there to offer assistance and support.

Seraphine can explain it best herself, "The association of orphans is of big help for me. Now I can save a little surplus. I see how others who do not have this training [savings-and-loan] waste the little money they have. Health is a big worry. I cannot afford the insurance of 4,000 FRW per year (per person). That means if any of us needs the help of the health centre I have to pay for the treatment. I know other children who would also need to join such a project. There are many children who are traumatized, and live in the same difficult circumstances as I."

Appendix C

Case II:

Orphaned in Zambia: The Story of Fidelis Banda

Content submitted by Project Concern International (PCI) Zambia/Bwafwano Home Based Care Organization with edits by Helen Cornman International Health Consultant, HIV/AIDS Specialist to Community REACH, Pact.

Currently living in Lusaka with his two older sisters, Fidelis suffered through the nightmare of watching his father die of AIDS four years ago, only to relive the same terrible nightmare two years later, when his mother suffered the same fate. There are an estimated 1.2 million orphaned children in Zambia, most as a result of HIV/AIDS; Fidelis Banda is one of them.

The explosive HIV/AIDS epidemic in sub-Saharan Africa means the numbers of orphans in Zambia and throughout the region only continue to rise, with youth-headed households populating many urban and rural districts. Home to an estimated 45,000 street children, Zambia's national HIV prevalence level is between 19 and 22 percent, with an estimated 1.2 to 2 million adults and children living with HIV/AIDS. The impact of the epidemic is being felt at all levels of society, in every sector.

Background

Fidelis lived in a townhouse with electricity and plenty of food when both of his parents were still alive. But poverty oppressively enshrouded the Banda family after the death of Fidelis' father, forcing them to move to a small house without electricity. Unemployed, Fidelis' mother soon became penniless. Unable to afford the school fees and uniforms required to educate her children, Fidelis dropped out of school in third grade. Although Fidelis' mother started a backyard business selling cigarettes, the money was only enough to provide one bag of maize meal per month. Instead of enjoying the pleasures of childhood, Fidelis and his sisters were sent by their mother to scrounge for food from neighbors and friends, who were already struggling to make ends meet. If the children arrived home with some vegetable leaves, they would count themselves lucky for the day.

Things improved briefly when Fidelis' mother remarried three months after the death of her first husband. Although he didn't have enough money to send Fidelis back to school, the children's stepfather had a lucrative backyard business as a locksmith that provided better housing and food. But *ichaba ishamo* (as fate would have it), Fidelis' second father also died of AIDS six months into the marriage.

Fidelis and his sisters were grief stricken, since they thought they had found a savior to replace their first father. Instead, the family moved once again, into a one-room hut, and their situation quickly deteriorated. Too sick from AIDS to continue her backyard business, his mother asked her two oldest daughters to take over the business; unfortunately, the sisters kept the proceeds and refused to feed their mother or Fidelis. Grief stricken, sick and confused, Fidelis' mother entrusted him with the business. Through hard work and dedication, Fidelis was able to buy enough maize meal to sustain the family.

The day when Fidelis' mother died at the end of 2001 is seared into his memory. He was home alone; she did not respond when he went to ask her for some help. He tried shaking her, to no avail. She lay still. Fidelis called out to a neighbor who came quickly but, upon arrival, started weeping. Fidelis remained unsure about what had happened until much later, when someone told him his mother had died.

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After his mother's death, Fidelis continued to live with his older sisters. However, one of his sisters ran away and the other was implicated in a crime and sent to prison for several months. Fidelis, now an orphan, was left to fend for himself.

Although there is international concern for the welfare of these orphans, very few successful projects exist. In July 2001, Project Concern International (PCI) was awarded a three-year USAID grant through Pact's Community REACH project to improve care and support services in Zambia. Community REACH is a five year Leader with Associates award funded through the Global Bureau for Health's Office of HIV/AIDS managed by the international non-governmental organization Pact, with Futures Group providing monitoring and evaluation expertise. In partnership with Bwafwano Home-Based Care Organization and JHPIEGO, PCI's project scales up home-based care and support services in semi-urban areas of Lusaka. The focus of the program is to provide services for people living with HIV/AIDS (PLWHAs) and orphans and vulnerable children (OVC). Volunteers are the main providers of home-based care for PLWHAs, while the program links with local government health centers for the treatment of TB and referral of chronically ill HIV/AIDS patients. Children receive care, including nutritional support, schooling, and income-generation opportunities. The project is also in the final stages of developing a standardized national training program for home-based care.

Results

Desperate and scared, Fidelis finally asked his second father's mother if she might have room for him in her hut. Kindly, she took him in and he joined the ranks of five other orphaned grandchildren already living with her, whose parents had all died from AIDS. A childcare worker who first met Fidelis when he was living with his '*mbuya*' (grandmother) registered him and the other children with the Bwafwano program. Fidelis immediately started school at Bwafwano Community School and is now in grade four. Today, Fidelis is always the center-of-attention at the Bwafwano School Playground; he has once again become his bright-eyed and enthusiastic self. He receives daily meals from Bwafwano and, from time to time, Bwafwano also provides his grandmother with maize meal.

Over the last year, the Bwafwano program has reached over 1,700 PLWHAs and more than 1,700 OVC. Since July 2002, there has been an increase in the number of community and home-based care services available for PLWHAs in the area. A 98 percent improved utilization by OVC of education, psychosocial counseling, medical care, nutritional support and recreation services have also been reported.

As a result of this project, community meetings have raised awareness of 30 community leaders about issues relating to HIV/AIDS. With additional support from partnering donor agencies, the project reintegrated 30 children into mainstream government schools. Community school services are also offered as alternatives for children, like Fidelis, who are unable to attend government schools. In addition, a school food feeding program, supported by the UN World Food Program, has enabled OVCs who attend these community schools to have access to lunchtime meals.

Fidelis is thriving in the Bwafwano program and feels very lucky to have found this support: "Bwafwano has done great things for me. They are the only people who I have come across since the death of my parents who are assisting me with food joyfully without complaining." He added, "Before people who were assisting would shout at me first before giving me food."

Appendix C

Case III:

Foundation for Reproductive Health and Family Education (FOSREF): Beneficiary Story

“If this [HIV] test result is negative, I will change my life. I will stop making mistakes. This test is the biggest exam of my life.” Marci (not her real name) is a sixteen-year old girl, who has been participating in FOSREF’s youth programs for a couple of months. She is poor and lives in a small house in a remote marginalized area of Port au Prince, the capital of Haiti. Haiti is the poorest country in the western hemisphere and also the country most affected by HIV/AIDS outside of sub-Saharan Africa. A little over 4% of Haitians are living with HIV/AIDS; more than half of the newly infected people are youth under the age of 24. Some of the factors contributing to the high rates of infection among youth include early onset of sexual activities among youth; high rates of juvenile prostitution; high rates of school drop-outs (mostly young girls); and high rates of sexual violence among youth.

USAID actively supports HIV/AIDS activities in Haiti, including the FOSREF program Marci joined. The FOSREF Youth Voluntary Counseling and Testing (VCT) is a three-year Community REACH-funded project that was initiated in March 2003. Its Stay Negative program has had an immense impact on Marci, who began visiting FOSREF’s youth club about a year ago. A youth counselor repeatedly spotted Marci unchaperoned on the street after dark. When the counselor approached her and asked her if she was interested in signing up for an HIV test, she refused—a reaction that further concerned the counselor.

After an initial series of counseling sessions, Marci eventually told her peer counselor that she was a sex worker by night and was afraid to get tested because she knew she was at risk for HIV. Marci explained that she came to Port au Prince to earn some money for her family, who lives in a remote area of southern Haiti. Marci added that she initially looked for other work to no avail and eventually became a sex worker to make enough money to survive. The FOSREF counselor empowered Marci to make her own choice of whether to take the test, providing continued psychosocial and health behavior counseling over a one-month period.

Background

The FOSREF Community REACH program is the first of its kind in Haiti, targeting 350,000 youth. Its VCT services have been integrated into existing FOSREF youth friendly centers in the metropolitan area of Port au Prince. FOSREF is the only organization in Haiti that has a direct mandate from the Ministry of Education to give reproductive health services, including HIV/AIDS testing and counseling, to youth (ages 15-24). FOSREF has recently identified three VCT sites and is training staff members. It is the first time in Haiti that youth counselors are being utilized in a youth VCT setting. The program provides access to a full range of VCT-related services, including youth-friendly VCT/HIV special services, stigma reduction, training for health care providers, development of post-test clubs and psychosocial support to HIV+ youth and their families, and creation of a referral system to link HIV+ young people to clinical care.

Results

As a result of intensive counseling with a psychologist, Marci was finally able to take the test. Much to her and the staff’s relief, she tested HIV negative. She truly believes that this result has helped to change her life.

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Since her test, Marci has become an active volunteer in FOSREF's Stay Negative program, attending the center at least three times a week, and she has brought many friends to the youth center to be tested. As stated by one of the counselors, "The reality of being a very beautiful and poor girl in Port au Prince is a port of entry to prostitution." A few weeks ago, Marci returned to her home in the south to be closer to family and enroll in school full-time. Prior to returning home, Marci was quoted as saying, "now that I have the chance to be HIV negative, my life will change. I was in the sex business because of my poor socio-economic condition. Now that I am HIV negative, I prefer to die of starvation instead of dying of AIDS. I will start a new life and leave this sex business."

Since its initiation in March 2003, the FOSREF project has achieved several milestones. Three new VCT sites for youth and youth sex workers have been established and 20 youth counselors have been trained. Over 4,000 youth have been sensitized and informed on VCT's benefits. Over 5,000 members of community groups, NGOs, and youth associations have been informed about the VCT sites. In a two-week period, 194 youth received HIV pre-test counseling and 32 were tested and received post-test counseling. The project has created a formal network with other NGOs and has dramatically improved collaboration with the public sector. The project has also increased referrals for other psychosocial and medical services.

Due to this project's ability to create and foster community ownership, a sustainable and effective youth program has been built, guaranteeing increased benefits to Haiti's youth. Most impressive is FOSREF's promotion of youth VCT services and post-test clubs through Haitian youth associations, which are in turn actively supported by parents and community leaders.

Dr. Moise, director of the FOSREF program, is driven by the belief that FOSREF is giving youth a second chance at life by helping them to make choices to stay negative. He recently stated, "I am thinking about the other young sex workers who lived with Marci, and to the many others living in the same conditions, with the pending threat of HIV/AIDS in their daily lives. The HIV negative test changed and saved the life of Marci. This gives us the strength to increase our devotion to help all of those poor young girls who are schoolchildren by day and sex workers by night. Let us help others who are dreaming of a second chance in life."

What affect is this approach having in Haiti? Teenagers and young adults are freely opting for abstinence in place of sexual activity. In addition they are demanding that FOSREF expand HIV/AIDS testing services throughout the entire country, well ahead of the planned schedule. With youth clubs in all departments of the country FOSREF has shown that with leadership and dedication change can occur and a generation saved. "A positive and new life starts after an HIV test. Let us help those thousands of young sex workers realize the good luck of Marci in order to help them also abandon the commerce of sex, go back to school and return to their lives as healthy and happy children."

Features

Social stigma often outweighs fear for AIDS victims

● Cultures contribute to infection rates

By Bruce Greenberg

THE surprised reaction on the part of the young man just receiving the results of his HIV test caught Urbanas Ngunga off guard. The young man "suddenly dashed out of the door into a rainstorm, threw himself on the ground and began writhing about, all the while giggling loudly," Ngunga said. With a wide grin Ngunga indicated that the test results were negative.

Ngunga is in his early twenties, and heads a youth centre in the slums of Nairobi, Kenya. The centre was created as a haven for local teenagers and young adults to socialize and recreate, but now, in the epidemic of AIDS, offers HIV voluntary counselling and testing services. Through theatre, concerts and forums presented at Nairobi schools, it

attempts to inform youth about HIV/AIDS prevention and "safe sex" practices, a task complicated by cultural and religious attitudes toward sex and the public discussion of so-called personal or intimate topics.

Urbanas, along with two fellow Africans and a Haitian, all of whom counsel family planning and AIDS prevention, are on a visit to Washington sponsored by the NGO's PACT's USAID-funded programme Community REACH project (Rapid and Effective Action Combating HIV/AIDS), which facilitates financial assistance to local international HIV/AIDS organisations.

On a day in late July, they assembled at Washington's

renowned Whitman-Walker clinic, the primary community-based HIV/AIDS treatment facility in the Washington area, for a discussion of the challenges facing HIV counsellors and their clients.

Moderated by Rodney McCoy, Jr., HIV counsellor and Outreach Coordinator for the clinic, the discussion quickly turned to a common issue facing HIV-infected patients in the developing world: social, religious and cultural stigmas against its victims and their families.

Sister Tibebe Maco, a nurse who founded HAPSCO (HIV/AIDS Prevention Care and Support Organization) Addis Ababa, Ethiopia, told everyone that most of the people she sees are the poorest of the poor.

"They have very little information on the medical aspects of the infection, and cultural and class taboos and gender differences discourage dialogue on sexual topics.

"People are dying because of these stigmas, and when they do die because of an AIDS-related illness, families will deny that fact to others."

Beatrice Chola directs the Bwafwano "Helping One Another" — Home-based Care Organization — in her native Lusaka, Zambia, where more than 20% of the adult population is HIV infected. It provides in-house care and support to more than 1,000 adult AIDS patients and their families, including some 1500 children.

Chola, who is also a trained nurse, has seen the homeless

sick and dying "with so little they are carted around in wheelbarrows" — also because of their AIDS infected status, spending "their last days abandoned on the street like animals."

Dr. Fritz Moise is executive director of FOSREF (Foundation for Reproductive Health and Family Education) in Haiti, whose HIV/AIDS education project is targeting almost half a million youth. He recounts the story of a

ten-year-old prostitute named Shelly who, when urged by one of the clinic's street counsellors to come in and get tested, refused, saying she was afraid to get tested because she knew she was at risk for HIV. (She eventually did get tested and pledged

that if she were negative, she would begin a new life — which was the case.) "She is now an HIV/AIDS counsellor in training," Moise said.

The discussion then turned to how women in particular are stigmatized.

Urbanas mentioned how women come to his clinic for testing, fearful of telling their husbands because of the physical and emotional abuse that usually follows — even though it is almost always the husband who infects the wife.

"Then when they do bring their husbands in for testing, he said, I must pretend that I have never seen the wife before."

The difficulty of counselling for wives and husbands is compounded, he says, since

"the man must be actively engaged in the process, because the blame always falls upon the shoulders of the woman."

The fact that HIV/AIDS testing is also fraught with misinformation and superstition was also discussed. When McCoy mentioned that Whitman-Walker offers the less invasive process of a special chemically-treated mouth

swab, in addition to blood-drawing, the African panelists all agreed that mouth swabbing would not be successful because "people have to believe they are getting 'real' treatment, and that would mean actual blood drawing with syringes,

whereas swabbing would be regarded as a bogus procedure."

Although misinformation and prejudice still exist regarding sex and AIDS, there have been efforts of late to educate, Moise told his audience. He mentioned that the Haitian government has mandated that all schools teach sex education.

Urbanas cited his newly elected government's efforts including advertising campaigns geared toward Kenya's youth, called "Ge Cool," and a television program "Breaking the Silence," which addresses sexual issues and provides forums for working with youth and their parents. Of course, he added, there are detractors in the Muslim and (evangelistic) Christian communities as well.